

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000015969

FILED
Sep 15, 2002
Secretary of State

Entity Name: CENTRAL FLORIDA MAIN NETWORK INC.

Current Principal Place of Business:

15448 BAY VISTA DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15448 BAY VISTA DR
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3697538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAI, TAMMY
15448 BAY VISTA DR
CLERMONT, FL 34711

Name and Address of New Registered Agent:

CLAI, TAMMY D MRS
15448 BAY VISTA DR
CLERMONT, FL 34711

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAMMY D CLAI

09/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CIO () Change (X) Addition
Name: CLAI, CHRISTOPHER F
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: CSO () Change (X) Addition
Name: CLAI, CHRISTOPHER F
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: P () Change (X) Addition
Name: CLAI, CHRISTOPHER F
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: CEO () Change (X) Addition
Name: CHRISTOPHER, CLAI F MR
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: VP () Change (X) Addition
Name: ELVIO, CLAI M
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: CFO () Change (X) Addition
Name: CLAI, TAMMY D
Address: 15448 BAY VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER F CLAI

CEO

09/15/2002

Electronic Signature of Signing Officer or Director

Date