2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90232 016 ***150.00

DOCUMENT # P01000040976

1. Entity Name
ORLANDO REGIONAL REAL ESTATE NETWORK, INC.

Principal Place of Business	Mailing Address
1330 WEST LEE ROAD ORLANDO FL 32810	1330 WEST LEE ROAD ORLANDO FL 32810

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3753044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVENUE SUN TRUST CENTER, SUITE 2300 ORLANDO FL	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD THOMAS HANKINS 605 E. ROBINSON ST. ORLANDO, FL 32801 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HUSKEY, BUDGE 2160 W STATE ROAD 434 LONGWOOD FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZGURA, SCOT 2075 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENNETT, KENNETH S 317 WEKIVA SPRINGS RD # 200 LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUMORE, FRANK P.O. BOX 609400 ORLANDO FL 32860-9400	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MILMORE, FRANK ~~605 E. ROBINSO~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STANLY, JACQUELYN P.O. BOX 609400 ORLANDO FL 32860-9400	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DEXTON E. JENNINGS III 3/28/2003 407-691-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #