FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91391 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056750

1. Entity Name
THE NETWORK RESPONSE GROUP INC.

90126928

Principal Place of Business
5338 NW 66TH AVE
CORAL SPRINGS, FL 33067

Mailing Address
5338 NW 66TH AVE
CORAL SPRINGS, FL 33067

2. Principal Place of Business: 367 NW 41 AVE
Suite, Apt. #, etc.
City & State: DEERFIELD BEACH
Zip: 33442 Country

3. Mailing Address: 367 NW 41 AVE.
Suite, Apt. #, etc.
City & State: DEERFIELD BEACH
Zip: 33442 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1109054 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROELOFS, J.D.
5338 NW 66TH AVE
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent
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	D ROELOFS, J.D. ~~5338 NW 66TH AVE~~ ~~CORAL SPRINGS, FL 33067~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	367 NW 41ST AVE. DEERFIELD BCH., FL 33442 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/30/03 954-931-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #