

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 044 ***150.00

DOCUMENT #

1. Entity Name

TPN, Inc.

PO1000079437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4040 Sheridan Street

Suite, Apt. #, etc.

3. Mailing Address

4040 Sheridan Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-1149239

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
c/o United Corporate Services

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.

Suite 508

City

Miami

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1st - May 1st Fee is \$50.00
After May 1st Fee is \$550.00
Amended UBR is \$64.25
Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P/C/D
NAME	Lorn Austin
STREET ADDRESS	4040 Sheridan Street
CITY - ST - ZIP	Hollywood, FL 33021
TITLE	VP/D
NAME	Fraser Austin
STREET ADDRESS	4040 Sheridan Street
CITY - ST - ZIP	Hollywood, FL 33021
TITLE	VP/D
NAME	Michael Garrett
STREET ADDRESS	4040 Sheridan Street
CITY - ST - ZIP	Hollywood, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02 954-961-3940

Date

Daytime Phone #

CR2E0348 (12/01)