2002 UNIFORM BUSINESS REPORT (URB)

SIGNATURE:

DOCUMENT # P01000103389 1. Entity Name BUSINESS VISION NETWORK INC.					FILED 03 MAR IO PH 1:33				
477 SOUTH	ce of Business ROSEMARY AVENUE SUITE 307 BEACH FL 33401		Mailing Address 477 SOUTH ROSEMARY AVENUE SUITE 307 WEST PALM BEACH FL 33401			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			REINSTAWERIENESTE 02-03				
City & Sta	te	City & State			4. FEI Number Applied For				
Zip	Country	-Zip			Not Applicable Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register		<u> </u>	
CORPORATE CREATIONS NETWORK INC.				Name					
941 FOURTH STREET #200 MIAMI BEACH FL 33139				Street Address (P.O. Box Number is Not Acceptable)					
IVIIAIVII DE	AON FE 33139		Cit	City Zip Code					
SIGNATURE .	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agen	t signature required				d accept	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS			2002 Fee vile to Depart	will be \$750.0	te Trust Fui	Campaign Financing nd Contribution.	\$5.00 Added to	Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I MILLS, KEITH 477 SOUTH ROSEMARY AVENUE WEST PALM BEACH FL 33401	☐ Oelete	12. TITLE NAME STREET ADDI CITY-ST-ZIF	ı	1000	JU9767 	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP	D Delete FREDERICKSON, RUSSELL 477 SOUTH ROSEMARY AVENUE SUITE 307 WEST PALM BEACH FL 33401			RESS TE	FO-PA	KOSKA		Addition #	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDR				☐ Change ☐	Addition	
ITLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	RESS	, <u>,</u>		☐ Change ☐	Addition	
itle Ame Treet address Ity-St-Zip		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	i	600 03/10/0	001373 13010120	1116	Addition	
TLE AME TREET ADORESS TY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change ☐] Addition	
3. I hereby co	ertify that the information supplied with the on this report or supplemental report is two for on an attachment with a supplementation with a supplemental report is supplementation with a supplementation with	nis filing does not qualify for the ue and accurate and that my ered to execute this report as the all other like empowered.	he exemption	n stated in Section of the state of the stat	Florida Statutes; and	da Statutes. I further conade under cath; that that my name appears	am an officer or d in Block 11 or Blo	irector ck 12 if	