

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90126 025 \*\*\*150.00

**DOCUMENT # P01000118961**

1. Entity Name  
**FREEDOM COMMUNICATION NETWORK, INC.**



Principal Place of Business  
**2725 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020**

Mailing Address  
**2725 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020**

**50051618**

2. Principal Place of Business  
*Above - Same*

3. Mailing Address  
*Same as Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-1157952**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**ODIOT, PETER  
1747 VAN BUREN STREET, #955  
HOLLYWOOD, FL 33020**

## 7. Name and Address of New Registered Agent

Name  
*N/A*  
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

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

*Clayton Capeletti - Director*

(NOTE: Registered Agent signature required when reinstating)

*4/28/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ODIOT, PETER	
STREET ADDRESS	1747 VAN BUREN STREET, #955	
CITY-STATE-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, RANDI	
STREET ADDRESS	1747 VAN BUREN STREET, #955	
CITY-STATE-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPELETTI, CLAYTON L	
STREET ADDRESS	1747 VAN BUREN STREET, #955	
CITY-STATE-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>2725 Hollywood Blvd ~ Hollywood, FL 33020</i>
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Delete</i>
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>2725 Hollywood Blvd ~ Hollywood, FL 33020</i>
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Clayton Capeletti* *04/28/05*

*954-367-0670*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #