2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

856 CRYSTAL LAKE DR.

DEERFIELD BEACH FL 33064

DOCUMENT # P02000062926

1. Entity Name

MDF NETWORK, CORP.

Principal Place of Business

DEERFIELD BEACH FL 33064

856 CRYSTAL LAKE DR.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90227 050 ***150.00

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2. Principal Pla	ace of Busin	ess	3. Maili	3. Mailing Address					I (MINICAL IN DELIG LIGHT BETT) BETT BETT BETT BETT BETT BETT BE							
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES								
City & State			City	City & State				4. FEI Number 75-3064327					N	Applied For Not Applicable		
Zip Country			Zip	Zip Co.						5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Current				7. Nai	me and Add									
AQUILINO,		Name TA	AX House Corporation													
3961 N. FE	DERAL HV	VY [.]		20.40												
POMPANO	BEACH FI	L 33064					, J	N.	FEDE	RAL	Hu	<u>)Y_</u>				
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8. The above	named entit	y submits this statement f	or the purp	ose of changing its	register	ed office or re	egisterec	d agen	nt, or both, in	the State	of Florida	. I am fa	miliar with	, and	accept	
the obligati	ons of regist	tered agent.	//								00	100	1/02			
CICNIATURE		Me									UZ	/ UY	100		_ _	
SIGNATURE _	Signature, typed	or printed name of distered agen	t and title if app	licable. (NOTE	: Registere	d Agent signature	e required wi	hen reins	stating)			DATE			<u> </u>	
After	May 1, 20	FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department) of State	State					9. Election Trust Fu	n Campaig und Contri		ing 🔲		DO Med to I	1ay Be Fees	
		OFFICERS AND						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
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NAME						ME										
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12 1 baroby	certify that t	be information supplied w	ath this filing	a does not qualify to	и гле ех	emption state	160 III 260	CHOIL		Julius Old				ar ar	disantas	

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 of trustee impowered 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 accurate and other like empowered.

SIGNATURE:

EAND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/03

<u>(954)895-0074</u>

Daytime Phone #