2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90112 027 ***150.00

DOCUMENT # P02000085181

1. Entity Name
OUTLINE NETWORK, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR STE 320 FT LAUDERDALE FL 33304-2532	1040 BAYVIEW DR STE 320 FT LAUDERDALE FL 33304-2532

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2440 E Commercial Blvd	2805 E Oakland Park Blvd
Suite, Apt. #, etc.: 5	Suite, Apt. #, etc.: # 233
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33308 Country: Broward	Zip: 33306 Country: Broward

4. FEI Number: 02-0637238 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEITZER, CHARLES E CPA
1040 BAYVIEW DR STE 320
FT LAUDERDALE FL 33304-2532

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

TITLE	President	☐ Delete
NAME	Cherietsm McNally	
STREET ADDRESS	2440 E Commercial Blvd	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED 03/15/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #