


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90029 005 \*\*\*150.00

<b>DOCUMENT # P02000086521</b> 1. Entity Name <b>SAMSON NETWORK, INC.</b>			
Principal Place of Business <b>3020 49TH STREET NORTH SAINT PETERSBURG, FL 33710</b>		Mailing Address <b>3020 49TH STREET NORTH SAINT PETERSBURG, FL 33710</b>	
2. Principal Place of Business <b>4294 14th LANE NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4294 14th LANE NE</b> Suite, Apt. #, etc.	
City & State <b>ST Petersburg, FL</b> Zip <b>33703</b>		City & State <b>ST Petersburg, FL</b> Zip <b>33703</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>38-3656520</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAMSON, FREDERIC 3020 49TH STREET NORTH SAINT PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4294 14th LANE NE</b> City <b>ST Petersburg</b> <b>FL</b> Zip Code <b>33703</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>SAMSON, FREDERIC</b> STREET ADDRESS <b>4294 14TH LANE NE</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33703</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer or director empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>03/22/04</b> Daytime Phone # <b>787-525-5916</b>	