


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 31 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name P02000097838	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10400 NW 33st Suite, Apt. #, etc. 270 City & State MIAMI-FL Zip 33172 Country	3. Mailing Address 9042 SW 97 Ave Suite, Apt. #, etc. #3 City & State MIAMI-FL Zip 33176 Country
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REINSTATEMENT 03 DO NOT WRITE IN THIS SPACE
4. FEI Number 52-2376805 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ALEXANDER ALFANO	
Street Address (P.O. Box Number is Not Acceptable) 1001 BRIDEL BOY DRIVE	
Suite 2608	
City MIAMI FL Zip Code 33131	

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANGEL OSCLO 9042 SW 97 Ave #3 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500024335685 10/31/03--01075--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANTONIO ALVAREZ 9038 SW 97 Ave #6 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	as 09 01 03 Date	3054912938 Daytime Phone #
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CR2E034B (12/02)

IMPACT NETWORK CORP

10400 NW 33 Street Suite 270

Miami, Florida 33172

October 27, 2003

**Florida Department of State
Division of Corporations
Tallahassee, Florida**

**Re: IMPACT NETWORK CORP.
Document #: P02000097838**

Dear Sir:

On Wednesday, October 15, 2003, I contacted your office to solicit the forms for the annual reports for the above mentioned corporation. The reason for the delay in filling such reports was due to the fact that we had moved our corporate address and apparently the forms were lost in the change of address.

I am requesting that the corporation be re-instated and am attaching the filing fees. In addition I am respectfully requesting the waving of the late fees which were assessed exclusively due to this incident.

**Our previous address was: 6995 NW 82 Avenue Bay 4
Miami, Florida 33166**

**Our current MAILING address is: 9042 SW 97 Avenue
Apt 3
Miami, Florida 33176**

Please forward all correspondence to our new mailing address. Thank you for your cooperation in this matter.

Sincerely,


**Angel Oscco
Impact Network Corp.**