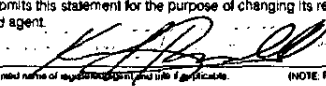
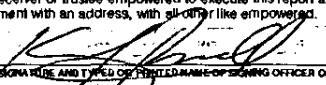


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91468 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000109400			
1. Entity Name SAGE MESSAGE NETWORK, INC.			
Principal Place of Business 807 UNIVERSITY BLVD 208 JUPITER, FL 33458 US		Mailing Address PO BOX 7032 JUPITER, FL 33468 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 81-0573933		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, KEN J 807 UNIVERSITY BLVD #208 JUPITER, FL 33458		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 		DATE APR 25, 2003	
Signature, typed or printed name of agent, registered agent, and the filer (if applicable)		(NOTE: Registered Agent's signature required when appointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D RUSSELL, KEN J PO BOX 7032 JUPITER, FL 33468 ☐ Delete		☐ Change ☐ Addition	
D WILLIAMS, KRISTINA PO BOX 7032 JUPITER, FL 33468 ☒ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		DATE 4/25/03 (772) 323-1191	
Signature and typed or printed name of signing officer or director		Date	

CR2E034 (10/02)