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

STF FL32381F.1

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91833 036 ***150.00

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2. Principal Place of Business	3. Mailing Address	mandel a seri more annes e un ser se que i per i per man la gent e i un equilita que	1	
1203 TOWN CENTER DR.	N CENTER DR. 1601 FORUM PLACE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
UNIT 106	SUITE 801		<u> </u>	
City & State JUPITER, FL	City & State WEST_PALM_BE	EACH, FL	4. FEI Number 48-1282773	Applied For Not Applicable
Zip Country		Country		3.75 Additional
33408 USA	1	JSA .	1.5 Certificate of Status Desired 1.1	e Required
DO NOT WRITE IN T		±17.0	. Name and Address of Current Registered A	gent
		Name ·	THE CONTRACTOR NETWORK	TNG
	Street Address (TE CREATIONS NETWORK, INC. (P.O. Box Number is Not Acceptable)	
		2 941 FOU	RTH STREET	
		(4.5)	• •	
		City		Zip Code
		MÍAMI B	EACH FL	33139
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.				J
SIGNATURE				
Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Registered Ag	gent 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		-	Selection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of	State		Trust Purio Contribution,	Added to rees
10. OFFICERS AND C		Edical Colfice Colfic	entire continue de la continue de l	ANSWELSCHOOL SECTION OF SECTION
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TAMI C. SKELLY		NAME		
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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: 11MU (',Oh OLU) TAMI C. SKELLY 4/30/03 (656-0810)				
SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				