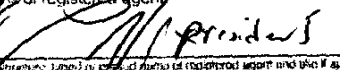


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-11-2003 90276 042 ***550.00

DOCUMENT # P02000127949			
1. Entity Name NATIONWIDE DISTRIBUTORS NETWORK INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1920 CORPORATE DR. Suite, Apt. #, etc.		3. Mailing Address 1920 CORPORATE DR. Suite, Apt. #, etc.	
4. State BOYNTON BEACH, FL		5. FEI Number 35-2190027	
6. Zip 33426		7. Country USA	
8. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name: LEWIS VICTOR Street Address (P.O. Box Number is Not Acceptable): 1920 CORPORATE DRIVE City: BOYNTON BEACH FL 33426	
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: _____	
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 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 NAME: LEWIS VICTOR STREET ADDRESS: 1920 CORPORATE DR. CITY-ST-ZIP: BOYNTON BEACH, FL 33426		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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 107, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8-19-03 561364-1130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	