

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093720

Entity Name: PHI NET GROUP, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

10495 CANTERBURY CT  
DAVIE, FL 33328

## New Principal Place of Business:

4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021

## Current Mailing Address:

10495 CANTERBURY CT  
DAVIE, FL 33328

## New Mailing Address:

4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOFFMAN, DOUGLAS F  
615 NE THIRD AVE  
FT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FINE, TODD  
Address: 10495 CANTERBURY CT  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: FINE, DANIELLE  
Address: 10495 CANTERBURY CT  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FINE, JAMIE  
Address: 3477 DEL MAR AVENUE  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Change (X) Addition  
Name: SUSSMAN, TODD  
Address: 1670 ISLAND WAY  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD FINE

TF

04/15/2009

Electronic Signature of Signing Officer or Director

Date