
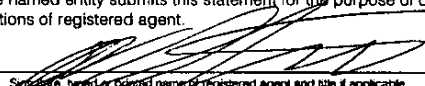



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000118128</b> 1. Entity Name <b>NETWORK 57, INC.</b>						<b>FILED</b> <b>05 JUL -5 PM 3:41</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 04-28-05 90199 011 \$158.75	
Principal Place of Business <b>2155 NORTH STATE ROAD 7 MARGATE, FL 33063.</b>				Mailing Address <b>2155 NORTH STATE ROAD 7 MARGATE, FL 33063</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04252005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number <b>51-0520044</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TUSSING, NICK 2155 NORTH STATE ROAD 7 MARGATE, FL 33063</b>				7. Name and Address of New Registered Agent Name <b>WALTER STEVENS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2155 NORTH STATE ROAD 7</b> City <b>MARGATE</b> <b>FL</b> Zip Code <b>33063</b>			
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: _____ <small>Signature of holder or licensed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>STEVENS, WALTER 2155 NORTH STATE ROAD 7 MARGATE, FL 33063</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b>  <b>Director</b>				Date <b>4-25-05</b>		Daytime Phone # <b>954-979-2600</b>	