

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164133

Entity Name: NETWORK PUBLISHERS, INC.

FILED
May 10, 2009
Secretary of State

Current Principal Place of Business:

2107B DELTA WAY
TALLAHASSEE, FL 32303

New Principal Place of Business:

2107 DELTA WAY
SUITE B
TALLAHASSEE, FL 32303

Current Mailing Address:

2107B DELTA WAY
TALLAHASSEE, FL 32303

New Mailing Address:

2107 DELTA WAY
SUITE B
TALLAHASSEE, FL 32303

FEI Number: 71-0974870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAVENS CRAFT, MARK T
2107B DELTA WAY
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

RAVENS CRAFT, MARK T
2107 DELTA WAY
SUITE B
TALLAHASSEE, FL 32303 US

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:

05/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: RAVENS CRAFT, MARK
Address: 2107B DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARK RAVENS CRAFT

COO

05/10/2009

Electronic Signature of Signing Officer or Director

Date