

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

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 013 ***300.00

DOCUMENT # 905000031985	
1. Entity Name Network Liquidators 4007 Tampa Road - Suite 3000 Tampa, FL 34677	

DO NOT WRITE IN THIS SPACE

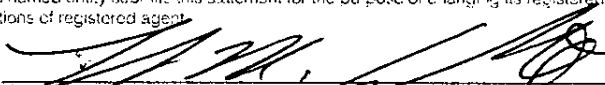
2. Principal Place of Business 4007 Tampa Road		3. Mailing Address Suite -3000	
Suite, Apt. #, etc. Suite -3000		City & State Oldsmar, FL 34677	
City & State Oldsmar, FL 34677	Country USA	City & State Oldsmar	Country USA

40081764

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3760415		Applied For ☐
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Thomas M. Calcaterra		
Street Address (P.O. Box Number is Not Acceptable) 4007 Tampa Road - Ste 3000			
City Oldsmar State FL Zip Code 34677			

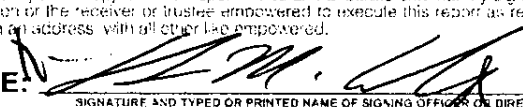
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE  DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to: Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO BARRY SHEVLIN "Same AS Above"	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COO/PRES. Thomas Calcaterra "Same AS Above"	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034B (12/02)