

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000061366

FILED  
Mar 13, 2003  
Secretary of State

Entity Name: CITI NETWORK, INC.

## Current Principal Place of Business:

3592 ALOMA AVE  
STE 11  
WINTER PARK, FL 32792 US

## New Principal Place of Business:

## Current Mailing Address:

3592 ALOMA AVE  
#11  
WINTER PARK, FL 32792

## New Mailing Address:

FEI Number: 59-3197182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALASCHAK, JAMES G  
3592 ALOMA AVE  
11  
WINTER PARK, FL 32792 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: DP ( ) Delete  
Name: BALASCHAK, JAMES G  
Address: 3592 ALOMA AVE 11  
City-St-Zip: WINTER PARK, FL 32792

Title: DS ( ) Delete  
Name: BALASCHAK, DEBORAH S  
Address: 3592 ALOMA AVE 11  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES G BALASCHAK

DP

03/13/2003

Electronic Signature of Signing Officer or Director

Date