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Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90231 042 ***150.00

5/2.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008826

1. Entity Name
PROFESSIONAL REVIEW NETWORK, INC.

[redacted]

55045883

Principal Place of Business	Mailing Address
12301 NW 39TH ST. CORAL SPRINGS, FL 33065-2403 US	12301 NW 39TH ST. CORAL SPRINGS, FL 33065-2403 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip - Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3320048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD STE 508 MIAMI, FL 33156-000	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	CEO/D ☐ Change ☒ Addition
NAME	THANGARAJ, IMMANUEL	NAME	Richard Hassett
STREET ADDRESS	190 SOUTH LASALLE ST STE 2800	STREET ADDRESS	12301 NW 39th St
CITY-ST-ZIP	CHICAGO, IL 60603	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D ☒ Delete	TITLE	P/D ☐ Change ☒ Addition
NAME	DAVIS, JORDAN	NAME	Thomas Wilfong
STREET ADDRESS	1 ROCKEFELLER PLAZA STE 920	STREET ADDRESS	12301 NW 39th St
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	VT ☒ Delete	TITLE	S/D ☐ Change ☒ Addition
NAME	RISTAU, CHARLES	NAME	Margo Lind
STREET ADDRESS	12301 NW 39TH ST	STREET ADDRESS	12301 NW 39th St
CITY-ST-ZIP	CORAL SPRINGS, FL 330652403	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	CD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WAXMAN, AL	NAME	
STREET ADDRESS	626 AVE OF THE AMERICAS	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10011	CITY-ST-ZIP	
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DOLLARD, VIRGINIA M	NAME	
STREET ADDRESS	12301 NW 39TH ST.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LENIHAN, LAWRENCE D	NAME	
STREET ADDRESS	153 EAST 53RD ST. 35TH FLR.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	

CR2E034 (10/02)

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.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #