

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90103 015 \*\*\*150.00

**DOCUMENT # P94000034237**

1. Entity Name  
**IDLETIME NETWORK, INC.**



Principal Place of Business  
**10847 CRESCENT LANE  
CLERMONT FL 34711**

Mailing Address  
**928 MAIN STREET  
WINDERMERE FL 34786  
US**



2. Principal Place of Business  
**928 MAIN ST.**

3. Mailing Address

Suite, Apt. #, etc.  
**Windermere**

Suite, Apt. #, etc.

City & State  
**FL**

City & State

4. FEI Number **59-3241618**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip  
**34786**

Country  
**U.S.A**

Zip

Country

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

**ROSE, MOLLY  
928 MAIN ST  
WINDERMERE FL 34786**

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 *Molly Rose*

**3/11/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 11

TITLE  Delete  
NAME **D ROSE, MOLLY**  
STREET ADDRESS **928 MAIN STREET**  
CITY-ST-ZIP **WINDERMERE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D FLEMING, ROBERT L**  
STREET ADDRESS **928 MAIN STREET**  
CITY-ST-ZIP **WINDERMERE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D JACKSON, JANE**  
STREET ADDRESS **10847 CRESCENT LANE**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Molly Rose* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/03**

Date

**407-876-7602**

Daytime Phone #

CR2E034 (10/02)