Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90007 004 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043817

1. Corporation Name

PSYCHIC BELIEVERS NETWORK INC.

Principal Place	of Business	Mailing Address			
600 S DIXIE HW	VY	600 S DIXIE HWY			
SUITE 202		SUITE 202 BOCA RATON FL 33432		DO NOT WRIT	E IN THIS SPACE
BOCA RATON FL 33432 BOCA RATON FL 33432		DUCA RATUN FL 33432		3. Date Incorporated or Qualifed	2 11 11 10 11 10 1
				06/13/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0511262	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite	ــــــــــــــــــــــــــــــــــــــ	27 Suite 210		3. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible ☐Yes ☐No
24	25	29 30	01	Personal Property Tax. 10. Name and Address of New Ro	
	9. Name and Address of Current	Registered Agent	81 Name	IV. Hame and Address of New Id.	
DRA	XL, KURT				
600	S DIXIE HWY		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
SUIT	E 202 Change to Sui	ite 210	83		
BOC	A RATON FL 33432				last #: O. A.
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 #502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the p	purpose of changing its registered
office or re agent. I at	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth was ef, Section 607 0505, Florida	iorized by the corporati a Statutes.	on's board of directors. I hereby accept	the appointment as registered
	egistered agent or both, in the State of m familiar with and accept the obligation	Florida. Such change was auth pris of, Section 607.0505, Florida	norized by the corporati a Statutes.	poration submits this statement for the poor's board of directors. I hereby accept	116/99
SIGNATURE	Signature, typed or printed name of registered agents	and title if applicable (NOTE: Re	egistered Agent signature require	ed when reinstating)	/16/99 DATE
SIGNATURE	Signature, typed or printed name of registered confis	and title if applicable (NOTE: Re	egistered Agent signature require	4	/16/99 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered confidence of the state	and title if applicable (NOTE: Re	agistered Agent signature require 13. 1.1 TITLE	ed when reinstating)	/16/99 DATE
SIGNATURE	Signature, typed or printed name of registered sparks OFFICERS AND PD KEMPT, PHIL	and title if applicable (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	/16/99 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered sont a OFFICERS AND PD KEMPT, PHIL. 600 S DIXIE HWY #210	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	/16/99 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered specific OFFICERS AND PD KEMPT, PHIL 600 S DIXIE HWY #210 BOCA RATON FL	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 □ Change □ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered confise OFFICERS AND PD KEMPT, PHIL 600 S DIXIE HWY #210 BOCA RATON FL VPD	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	/16/99 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered confise OFFICERS AND PD KEMPT, PHIL 600 S DIXIE HWY #210 BOCA RATON FL VPD DRAXL, KURT	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 □ Change □ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered sparks OFFICERS AND PD KEMPT, PHIL 600 S DIXIE HWY #210 BOCA RATON FL VPD DRAXL, KURT 600 S DIXIE HWY #210	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 □ Change □ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered confise OFFICERS AND PD KEMPT, PHIL 600 S DIXIE HWY #210 BOCA RATON FL VPD DRAXL, KURT 600 S DIXIE HWY #210 BOCA RATON FL BOCA RATON FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	16/99 DATE Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered confidence of the second	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 □ Change □ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered confidence of the second	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	16/99 DATE Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered confisered confiser	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating)	16/99 DATE Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered confidence of the second	DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	16/99 DATE Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered confisered confiser	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 Change
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered confisered confiser	DELETE DELETE DELETE	agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	16/99 DATE ICERS AND DIRECTORS IN 12 Change
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered confisered confiser	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating)	Change
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered confisered confiser	DELETE DELETE DELETE	agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	Change
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered confisered confiser	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	Change

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or one an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4/16/99

561-391-9351