2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 A Secretary of State **DOCUMENT # P94000080887** 1. Entity Name REPÉATER NETWORK, INC. Mailing Address Principal Place of Business P.O. BOX 410 P.O. BOX 410 270 NORTH CONVENT STREET BOURBONNAIS, IL 60914 BOURBONNAIS, IL 60914 No Chg-P CR2E034 (11/05) 03102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 36-3988823 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORTELL, EDWIN E III DO NOT WRITE 301 E OCEAN BLVD SUITE 200 STUART, FL 34994 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE FITZGERALD, HARRY NAME P.O. BOX 99 270 NORTH CONVENT ST. STREET ADDRESS CITY-S1-ZIP BOURBONNAIS, IL 60914 TITLE NAME STREET ADDRESS U00000871078 04/09/08-80116-010 150.00 CITY-ST-ZIP TITL F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-SI-ZIP ШТЕ NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: INTED NAME OF SIGNING OFFICER OR DIRECTOR