FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022012

90124320

1. Entity Name
NETWORK RESOURCES, INC.

Principal Place of Business	Mailing Address
22321 KETTLE CREEK WAY BOCA RATON, FL 33428 US	22321 KETTLE CREEK WAY BOCA RATON, FL 33428 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12401 EQUINE LANE	12401 EQUINE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country	Zip: 33414 Country

4. FEI Number: 65-0566683 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BLUM, JEFFREY J
22321 KETTLE CREEK WAY
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12401 EQUINE LANE

City: WELLINGTON FL Zip Code: 33414

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] — 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! [illegible] $150.00 [illegible] 2003 [illegible] $550.00 [illegible] 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	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BLUM, JEFFREY J		NAME	
STREET ADDRESS	22321 KETTLE CREEK WAY		STREET ADDRESS	12401 Equino Lane
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	Wellington, FL 33414
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BLUM, DONNA J		NAME	
STREET ADDRESS	22321 KETTLE CREEK WAY		STREET ADDRESS	12401 EQUINE LANE
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] — 4/28/03 — 561-353-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)