## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000077517

City-St-Zip:

NORTH MIAMI, FL 33161

Entity Name: INTERACTIVE SERVICES NETWORK, INC

FILED Apr 19, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1035 NE 125 TH STREET				1035 NE 125 TH STREET		
200 NORTH M	IAMI, FL 33161	I US	30 NC	ORTH MIAMI, FL 33161	US	
Current Mailing Address:				New Mailing Address:		
1035 NE 125 TH STREET				1035 NE 125 TH STREET		
200 NORTH MIAMI, FL 33161 US				300 NORTH MIAMI, FL 33161 US		
FEI Number:	65-0617220	FEI Number Applied For ( )	FEI Number	r Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LIEBERMAN, JONATHAN PSD 1035 NE 125 TH STREET SUITE 200 NORTH MIAMI, FL 33161 US				LIEBERMAN, JONATHAN PSD 1035 NE 125 TH STREET SUITE 300 NORTH MIAMI, FL 33161 US		
	named entity s e of Florida.	submits this statement for the p	ourpose of ch	nanging its registered off	ice or registered agent, or both,	
SIGNATURE:				04/19/2007		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D, P () LIEBERMAN, JO 1035 NE 125 TH NORTH MIAMI,	STREET	Add	e: ( ) C me: dress: y-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () CHMIELEWSKI 1035 NE 125 TH NORTH MIAMI,	STREET	Add	e: ( ) C me: dress: y-St-Zip:	Change ( ) Addition	
Title: Name: Address:	CTO () BARRENECHE, 1035 NE 125 TH			e: ()C me: dress:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JONATHAN LIEBERMAN D,P 04/19/2007