Applied For

Fee Required_ \$5.00 May Be

Added to Fees

⊠No

Not Applicable \$8.75 Additional

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 # 1. Corporation Name BRESLIN NETWOR							
Principal Place of Business		Mailing Address				I (Manistan) som særsen enser ådges sågern enser gesa	
9338 S.W. 144 PLACE MIAMI FL 33186		9338 S.W. 144 PLACE MIAMI FL 33186			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/18/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number 65-0654243	
					5. Certificate of Status Desired		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5	
Zip 24 2	Country 5	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent				,		10. Name and Address of New Registered Agent	
DDECLIN ANDDE	3A/			81	Name		
BRESLIN, ANDREW 9338 S.W. 144 PLACE				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186				83			

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90011 025 ***150.00



		84	"	FL 85 Zip Code						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE		Change Addition						
NAME	Breslin, andrew	1.2 NAME								
STREET ADDRESS	9338 S.W. 144 PLACE	1.3 STREE	T ADDRESS	.s						
CITY-ST-ZIP	MIAMI FL 33186	1,4 CITY-S	T-ZIP							
TIMLE	☐ DELETE	2.1 TITLE		Change Addition						
NAME		2.2 NAME		, •						
STREET ADDRESS		2.3 STREE	T ADDRESS	ıs						
CITY-ST-ZIP		2.4 CITY-5	ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition						
NAME		3.2 NAME								
STREET ADDRESS		3 3 STREE	T ADDRESS	ıs						
CITY-ST-ZIP		3.4. CITY-5	ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition						
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREE	T ADDRESS	ıs İ						
CITY-ST-ZIP		4.4 CITY-S	T-ZIP							
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition						
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREE	TADDRESS	is .						
CITY-ST-ZIP		5.4 CITY-8	T-ZIP							
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition						
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREE	TADDRESS	· .						
CITY-ST-ZIP		6.4 CITY-S		A CONTRACT OF THE STATE OF THE						
14. I hereby of	certify that the information supplied with this filing does not qualify for the	ne exempt	ion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information						

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. I limiter certify that the 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 on an attachment with an address, with all other like empowered.

SIGNATURE: A