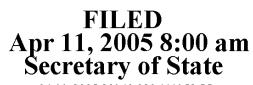
2005 FOR PROFIT CORPORATION ANNUAL REPORT



561 994 2660 Daytime Phone #

Date

DOCUMENT # P9700047947 1. Entity Name CATALOG NETWORK SERVICES, INC.							04-11-2005	90140 03	i0 ***158	3.75
Principal Place 6400 E ROGI BOCA RATON	ERS CIRCLE		Mailing Address 6400 E ROGERS CIRCLE BOCA RATON, FL 33499			- 	H0057	707		(111 1114
2. Principal P	lace of Busin	ness	3. Mailing Address						1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State		4. FEI Numb 65-075				plied For t Applicable	
Zip	-		Zip Coun		ntry	i .	of Status Desired	F	8.75 Add ee Required	
	6. Name	and Address of Current		Name	7. Name and	Address of New F	legistered A	gent _		
PARISH, D 701 BRICK MIAMI, FL	KELL AVE	NUE., STE 1900		Street Address (P.O. Box Number is Not Acceptable)						
		•			City Zip Code				e	
			r the purpose of changing it	ts register	•	red agent, or bo	th, in the State of Flo	FL orida. I am fa	miliar with,	and accept
SIGNATURE_	ions of regis	or printed name of registered agent	and title of applicable. (NC	TE: Registere	ed Agent signature require	d whon reinstating)		DATÉ		
After Ma		FEE IS \$150.00 5 Fee will be \$550.0		ntribution.	☐ Add	.00 May Be	10.11110.50 10.05	TIOTEDS AND	DIDECTOR	21011
TITLE	PTD ·	OFFICERS AND	Delete	11.	·	ADDITIONS	CHANGES TO OFF		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SETA, JC 6400 E R	OSEPH OGERS CIRCLE ATON, FL 33499	□ Desete	NAM STRE			٠			
TITLE NAME	VSD SETA, AN	NTHONY	☐ Delete	TITL	E AE				Change	Addition
STREET ADDRESS CITY-ST-ZIP		OGERS CIRCLE ATON, FL 33499			EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	titL					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					AE EET ADDRESS 7-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME EET ADDRESS Y-ST-ZIP				☐ Change	Addition
12. I hereby indicated of the colorhanged	certify that the don this report poration or to or on an att	ne information supplied with ort or supplemental report is the eceiver or vustee empl achment with an address,	this filing does not qualify strue and accurate and tha overed to execute this repo ath all other like empowere	for the exe t my signa ort as requ	emption stated in S ature shall have the cired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further cert oath; that I a ne appears in	ify that the ir m an officer Block 10 or	of director of Block 11 if