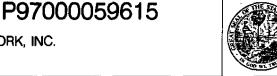
## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90485 001 \*\*\*\*\*8.75 04-25-2003 90485 002 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name ANCHOR GROUP NETWORK, INC.



Principal Place of Business

Mailing Address

1235 NORTHE MIAMI SHORE	EAST 100 STR ES FL 33138	EET		1235 NORTHEAST 100 STREET MIAMI SHORES FL 33138				F4011997   1011   1011   1011	Pill Galle Rafel Gal	<b></b>	4) (1041 8111 188)	
							ļ					
2. Principal Place of Business				3. Mailing Address					Bill Brit Brill Coll	JF 01000 10000 0160		
7001 Biscayne Blvd.				7001 Biscayne Blvd.								
Suite, Apt.	. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Second		<u> </u>	Sec	Second Floor				A CEINIMAN				
City & Stat		_		City & State				1. FEI Number 65-0771	363		Applied For Not Applicable	
Miami, Zip	<u>Flori</u>	Country		Miami,Florida Cou							<del></del>	
33138		Dade	331		Dade		5	<ol><li>Certificate of Status Des</li></ol>	ired 💢	\$8.75 A		
6. Name and Address of Current							** <b>7</b>	7. Name and Address of New Registered Agent				
						Name						
DE THOMAS, SUSANA				Susana_			na_de	de Thomas (S. (P.O. Box Number is Not Acceptable)				
1235 NE 100TH STREET								scayne Blvd.				
MIAMI FL								<del>-</del>				
							nd Fl	oor		Zip Co		
						l City Miam	ni			<b>L</b> 3313	2.8	
8. The above name elentity 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 obligat	tions of egist	ered agent.	ر ک					Λ		, ,	_	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Auruary 1, 2003  DATE											3	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150,00												
After May 1, 2003 Fee will be \$550:00								<ol> <li>9. Election Campai</li> <li>Trust Fund Contr</li> </ol>	•		.00 May Be ed to Fees	
Make Check	k Payable to	Florida Departme	nt of State					must rund conti	Dution.	- A00	eu 10 1 ees	
10.		OFFICERS	AND DIRECTO	ORS	11.			ADDITIONS/CHANGES TO	OFFICERS AN	VD DIRECTO	RS IN 11	
TITLE	PSTD			Delete	TITLE		Pres	ident/Treasu	rer	Change	☐ Addition	
NAME (	DE THOM			7	NAM	E	Susa	na de Thomas	3	•		
STREET ADDRESS		THEAST 100 STRE	ET			ET ADDRESS	7001	Biscayne Bl	vd.Sec	ond Fl	oor	
CITY-ST-ZIP	MIAMI SHO	ORES FL 33138			CITY	-ST-ZIP	Miam	i. Florida 3	3 <del>3138</del> —			
TITLE	ĺ .			☐ Delete	TITLE		Vice	<del>i, Florida 3</del> President/S	ecreta	r Change	Addition	
NAME					NAM		Loui	s de Thomas		1		
STREET ADDRESS						et address -st-zip		Biscayne Bl	vd. Se	cond F	loor	
CITY-ST-ZIP				-		<del></del>	Miam	<del>i, Florida 3</del>	3138	- Change		
TITLE		a yang yang bermerana		Delete	NAM.			್ರಾಪ್ರಾಪ್ ಕರ್ನಾಟಕ್ಕೆ ಬಿಡ್ಡಾಗ್ ಸ್ಟ್ರಾಪ್ತಿ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರಾಪ್ತಿಸಿಕೆ ಪ್ರಶ್ನೆ ಪ	*****	- L-J-Change	· 🔲 Addition	
NAME STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME	\ 			□ Delete	NAM		<b>!</b>					
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE		-			☐ Change	Addition	
NAME					NAMI	Ε ,				-		
STREET ADDRESS	1				STRE	et address						
CITY-ST-ZIP					CITY	-ST-ZIP					_	
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME					NAMI							
STREET ADDRESS						ET ADDRESS	l					
CITY-ST-ZIP	i				■ CITY	-ST-ZIP	I					

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 regeryler 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** 

CR2E034 (10/02)