Principal Place of Business Mailing Address C/O SALLY OKEN 780 STAINWY PL SCOR ARTON FL 3333 BOCA RATON FL 33433 3325 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Do NOT WRITE IN THIS SPACE City & State C. Gurthy Zip Country Zip Country Zip Country State City & State REAMER, LESUE State State Procent and Address of Current Registered Agent Name REAMER, LESUE State State Stock ARTON FL 338/52 VIA TO R INO BOOA RATON FL 338/54 Do Not write in Not Acceptable) Stock Address of New Registered Agent Name REAMER, LESUE Stock Address of New Registered Agent Stock Address of New Registered Agent City Stock Address of New Registered Agent Main Stock Address of New Registered Agent	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000074123 1. Entity Name PROFESSIONAL WOMEN'S INVESTMENT NETWORK, INC.					FILED May 24, 2000 8:00 am Secretary of State 05-24-2000 90003 001 ***150.00			
BOCA RATON FL 33433 BOCA RATON FL 33433 3326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Suite, Apt. #, etc. State Zip Country Zip Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Site Country Zip Country S. Certificate of Status Desired B. Name and Address of Current Registered Agent Name REAMER, LESLE ISSS2 Sitest Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Sitest Address (PO. Box Number is Not Acceptable			•		_	05-24-2000 90003 (01 ***150	0.00	
Suite, Apl. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REAMER, LESUE Street Address of New Registered Agent Name BOOA PATON FL 53494 DEL RAY BEAC H, FL Street Address (RO Box Number is Not Acceptable) BOOA PATON FL 53494 DEL RAY BEAC H, FL City FL Zip Code 8. The above named entity submits this statament for the purpose of changing is registered office or registered agent, or both, in the State of Florida. H125/DO SIGNATURE Work State Inter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Inter El St50.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS	7830 STANWAY PL			26					
City & State City & State 4. FEI Number 65-0777 190 Applied For Not Applicat Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REAMER, LESUE -2656 NW- 46 6P. 1.38552 VIA TO RINO BEGA PATON FL 3349 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Image: City Code 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. 4/25/00 SIGNATURE Street Address to 0 so. (See orteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 0. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME Pake THE Delee THE Change Addit 11. OFFICERS AND DIRECTORS ITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit 11. OFFICERS AND DIRECTORS ITLE ADDITIONS/CHANGES T	2. Principal Place of Business		3. Mailing Address						
Country Country Zip Country Zip Country Statu Desired Statu Desired <ths< td=""><td colspan="2">Suite, Apt. #, etc.</td><td colspan="2">Suite, Apt. #, etc.</td><td colspan="4">DO NOT WRITE IN THIS SPACE</td></ths<>	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
	City & State		City & State		4. FEI Number 65-0777 190 Applied For Not Applicable				
REAMER, LESUE 2656-NW-46-6F. 1.3852 VIA TO RINO BOGA RATON FL 33494 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. 4/2.5/0.0 SIGNATURE Signature required when renstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. </td <td>Zip</td> <td>Country</td> <td>Zip</td> <td>Country</td> <td>5. Certificate</td> <td>e of Status Desired</td> <td></td> <td></td>	Zip	Country	Zip	Country	5. Certificate	e of Status Desired			
REAMER, LESUE 3852 VIA TORINO 2652 N.W. 46 OT. 13852 VIA TORINO BOGA PATON FL 3349 DEL RAY DEACH, FL City City FL 210 Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signade, typed or printed name of registered agent and title it applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. Added to Feess Added to Feess 17.889 BOCA CLUB BLVD #203-D BOCA RATION FL 33487 TILE ITHE City - ST-2/P THE City - ST-2/P ITHE City - ST-2/P ITHE City - ST-2/P ITHE Delete ITHE City - ST-2/P ITHE City - ST-2/P ITHE City - ST-2/P ITHE Clark, WENDY STREET ADDRESS STREET ADDRESS		6. Name and Address of Current Re	egistered Agent	Namo	7. Name an	d Address of New Registered	Agent		
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. 3/25/00 3/25/00 3/25/00 2/25/25/25 2/2		MER, LESLIE 2 N.W. 46 OP . 13852 VI 34 RATON FL 93494 DEL RAV	A TORINO BEANH FL		s (P.O. Box Numb	er is Not Acceptable)			
SIGNATURE H/2.5/b.0 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE P Delete ITLE Change Addition STREET ADDRESS 17388 BOCA CLUB BLVD #203-D BOCA RATON FL 33487 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE V Delete ITLE Change Addition NAME STREET ADDRESS 1180 S OCEAN BLVD STREET ADDRESS STREET ADDRESS STREET ADDRESS		3344	6	City		FI	Zip Cod	e	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P Delete Title Change Additi NAME 17388 BOCA CLUB BLVD #203-D BOCA RATON FL 33487 STREET ADDRESS CITY-ST-ZIP Change Additi TITLE V Delete Title Change Additi NAME STREET ADDRESS TITLE Change Additi NAME Itile STREET ADDRESS Title Change Additi NAME STREET ADDRESS Title Change Additi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Additi NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS Change Additi		Lesie Ream	er			oth, in the State of Florida.	25/00		
TITLE P Delete TITLE CHAnge Additi NAME KAPLAN, PHYLLIS NAME NAME NAME NAME STREET ADDRESS 17388 BOCA CLUB BLVD #203-D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Additi TITLE V Delete TITLE CLARK, WENDY Delete TITLE Change Additi NAME CLARK, WENDY Delete TITLE Additi Additi Additi STREET ADDRESS 1180 S OCEAN BLVD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00		יד (
NAME KAPLAN, PHYLLIS NAME STREET ADDRESS 17388 BOCA CLUB BLVD #203-D STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP TTILE V Delete TITLE NAME CLARK, WENDY Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS I180 S OCEAN BLVD STREET ADDRESS		OFFICERS AND DI			ADDITIONS	/CHANGES TO OFFICERS AN			
NAME CLARK, WENDY NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	17388 BOCA CLUB BLVD #203-D		NAME STREET ADDRESS					
	NAME		Delete	NAME			Change Change	Addition	
	TITLE NAME STREET ADDRESS	S PUTMAN, LESLIE 926 NW 13TH AVE	[]] Delete	NAME STREET ADDRESS			Change	Addition	
TITLE T Delete TITLE Change Addition NAME SCHWEIGER, BONNIE NAME NAME NAME Change Addition STREET ADDRESS 20287 MONTEVERDI CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33498 CITY-ST-ZIP	NAME STREET ADDRESS	20287 MONTEVERDI CIRCLE	Delete	NAME STREET ADORESS			Change	Addition	
TITLE Delete TITLE Change Addit NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME Street address		Delete	NAME STREET ADORESS			Change	Addition	
TITLE Delete TITLE Change Addition NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			Change	Addition	