

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074498

1. Entity Name

AMERICAN DIGITAL NETWORKS, INC.

Principal Place of Business

Mailing Address

3599 Lake Mary Blvd.  
St. E  
Lake Mary, FL 32746

393 Gilston Ct.  
Heathrow, FL 32746

2. Principal Place of Business

393 Gilston Ct.

3. Mailing Address

393 Gilston Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, FL

City & State

Heathrow, FL

4. FEI Number

59-3481027

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L Corp.  
The Greenleaf Bldg., 3rd Floor  
200 Laura Street  
Jacksonville, FL 32201-0240

7. Name and Address of New Registered Agent

Name  
Elder N. Ripper  
Street Address (P.O. Box Number is Not Acceptable)  
393 Gilston Ct.  
City  
Heathrow  
FL  
Zip Code  
32746

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.

SIGNATURE X *Elder N. Ripper*

4-24-01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Delete Leon Brauser 3551 W. Lake Mary Blvd., Ste. 207 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input type="checkbox"/> Delete Elder N. Ripper 3551 W. Lake Mary Blvd., St. 207 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Delete Michael Brauser 3551 W. Lake Mary Blvd., Ste. 207 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Delete Andrea Welch 3551 W. Lake Mary Blvd., Ste. 207 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer/Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elder N. Ripper 393 Gilston Ct. Heathrow, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004488849 -07/23/01--01011--015 ****300.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Elder N. Ripper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-24-01 407-829-2474

CR2E034 (11/00)