	1, UNIFORM BUSI		RT (UBR)	_				
DOCUMENT # 48000 3444 1. Entity Name					FILED			
LEE NETWORK REPRESENTS. INC.					01 SEP 11, PM 3:31			
Principal Place of Business . Mailing Address				-	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3365 N. FEDERAL HUN 3365. N. FEDERAL HUN Ft. LANDERDALE FL 33306 Ft. LANDERDALE FL 33306				, X	AA			
2. Principal Place of Business 3. Mailing Address					REINSTATEMENT OO-OI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\frac{1}{2}$	09/13/00 900 NOT WRITE IN THIS SPACE 7500-01			
City & State		City & State			4. FEI Number Applied For Vot Applicable			
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Ad Fee Require	Iditional	
	6. Name and Address of Current Re	egistered Agent	None	7. N	lame and Address of New Reg			
576	<u>-</u> 51	Name STEPHON L HARDIK						
	5 NFEDERAL HW	Street Address (P.O. Box Number is Not Acceptable)						
Ę¥.	LANDERDALE FL	3365 N. FEDERAL HWY						
_·*					ANDERDALE FL ZID CODE			
8. The above	named entity submits this statement for the	ne purpose of changing its i	egistered office or regist	ered age	ent, or both, in the State of Florid	a.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registared Agent signature required.					8-90.0			
9. This corpo	pration is eligible to satisfy its Intangible		I FEE IS \$550.00					
Tax filing requirement and elects to do so. (See criteria on back) After September 12, 4 Make Check Payable				Fee will be \$750.00 Trust Fund Contribution \$5.00 May Be				
11.	OFFICERS AND DI		12.	ADI	DITIONS/CHANGES TO OFFICE			_
NAME STREET ADDRESS	ANTHONY INDOVING 3365 N. FEDERAL H		TITLE NAME STREET ADDRESS		9000046 -10/01/0	101030(☐ Addition 8 —— 3]11	CK2E034 (5/01)
CITY-ST-ZIP	FH LANDERDALE FL		CITY-ST-ZIP		****750	<u>.00 ****7</u> 9	<u> </u>	72H
NAME	STEPHON L. HARDY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TITLE NAME			☐ Change	☐ Addition č	د ا
STREET ADDRESS CITY-ST-ZIP	3365 N. FEDERAL Ft. LAUDERDAY FL	Huy	STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME		☐ Delete	TITLE		***	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	· 	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE NAME		·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	ı
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	-	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
 1 hereby c indicated 	ertify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for t e and accurate and that my	he exemption stated in S	ection 1 same le	19.07(3)(i), Florida Statutes. I fur	ther certify that the ir	nformation or director	

SIGNATURE:

954 564-100/

7-30-01