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

## P98000034698 **DOCUMENT#**



**FILED** Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90062 036 \*\*\*150.00

. Entity Name NETNOW, INC.	1 0000000 1000	
rincinal Place of Business	Mailing Address	

541 W TROPICAL WAY PLANTATION FL 33317

9 SW 13TH ST

FORT LAUDERDALE FL 33315

	الانت بينام	3. Mailing Address		~ \		/ 30     00    00  34       8:4   0	'1698 16191 1811 1801	
480 / Suite, Apt.	5. University Dr		nivers	<del>i, 1-y</del> 4				
Suite, Apr.		Suite Apt. #, etc.		<b>'</b>	CHECK HEF	RE IF MAKING CHANG	ES	
City & Stat		City & State	erdol	PI	4. FEI Number 65-08334	15	Applied For Not Applicable	
Zip	Country	Zip	Country	<del>} </del>	Cortificate of Status Desires	\$8.75	Additional	
<u> 333</u>	6. Name and Address of Current Re	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13100		Certificate of Status Desired	ree nequ	uired -	
<del>-</del>	7. Name and Address of New Registered Agent							
IOINIOON OF IN B			Name KATHY DEDEK					
	N, SEAN R				D. Box Number is Not Acceptal	ble) 😽 🔪 _	#217	
9 SW 13TH ST			48	01	S. Univer	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	#267	
FORT LA	UDERDALE FL 33315					,		
ŗ			City	Ha	userdale	FL Zip C	ode 53328	
	named entity submits this statement for the	ne purpose of changing its re	gistered office o	r registered	agent, or both, in the State of	Florida. I am familiar wi	th, and accept	
the obligat	ions of registered agent		1/	PI	/ X > /	121/00		
SIGNATURE .	tathylle.	roll -	- <i>V I</i>		D11	14/03	}	
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	tegistered Agent signat	ure required wh	nen reinstating)	DATE		
.F	ILE NOW!!! FEE IS \$150.00	~			9. Election Campaign	Financino <b>C</b> E	i OO May Ba	
	May 1, 2003 Fee will be \$550.00				Trust Fund Contribu	~ ~ ~	5.00 May Be ded to Fees	
	Payable to Florida Department of S							
10.	OFFICERS AND DIF		11.	15	ADDITIONS/CHANGES TO O			
TITLE	DEDEK MILLIANA	☐ Delete	TITLE	Dex	ek william	Chang	ge 🔲 Addition	
NAME STREET ADDRESS	DEDEK, WILLIAM 541 W TROPICAL WAY		NAME STREET ADDRESS	755	-	\$ <i>7</i>	\ :	
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP	Ž,	ntation Fl	33317		
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NAME	DEDEK, KATHY	L Delete	NAME	Des	ek, Kathy	`	,s	
STREET ADDRESS	541 W. TROPICAL WAY		STREET ADDRESS	755	0 5W 4th	57	1	
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CHY-SI-7P			■ 111Y-81-71P	L			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 receiver 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 ap address with all other like empowered.

**SIGNATURE:**