

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90013 009 ***150.00

DOCUMENT # P99000030492

1. Entity Name
BAS NETWORK GROUP, CORP.

Principal Place of Business C/O SAMUEL J. CANTOR 1489 W PALMETTO PARK RD STE 485 BOCA RATON FL 33486	Mailing Address C/O SAMUEL J. CANTOR 1489 W PALMETTO PARK RD STE 485 BOCA RATON FL 33486-3327
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2717 W Cypress Creek Road Suite, Apt. #, etc.	3. Mailing Address 2717 W Cypress Creek Road Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-0928633	Applied For Not Applicable
Zip 33309	Country USA	Zip 33309	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

CANTOR, SAMUEL J
1489 W PALMETTO PARK RD
SUITE 485
BOCA RATON FL 33486

Name
~~Cantor, Samuel J.~~
 Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Pkwy NW
 Suite 200
 City
Boca Raton **FL** Zip Code
33487

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 *[Signature]* DATE **1/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DAVID L		NAME	Steven G Rose	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 485		STREET ADDRESS	2717 W Cypress Creek Road	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Philip Stickles	
STREET ADDRESS			STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Christine Rogers	
STREET ADDRESS			STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE: **4/2/00** DAYTIME PHONE #: **954-969-0658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)