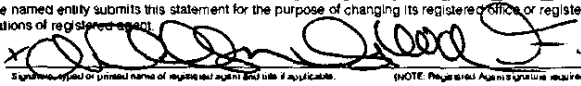
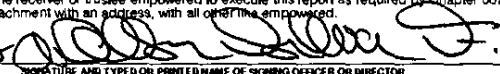


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 012 ***150.00

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

DOCUMENT # P99000046913		
1. Entity Name HOSPITALITY NETWORK SERVICES, INC.		
Principal Place of Business 10605 CRESCENDO LOOP CLERMONT, FL 34711		Mailing Address 10605 CRESCENDO LOOP CLERMONT, FL 34711
2. Principal Place of Business 3807 BEACON RIDGE WAY		3. Mailing Address 3807 BEACON RIDGE WAY
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State CLERMONT, FL		City & State CLERMONT, FL
Zip 34711		Zip 34711
Country		Country
4. FEI Number 59-3564366		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SILVA, NELSON 10605 CRESCENDO LOOP CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04-28-03 Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SILVA, NELSON 10605 CRESCENDO LOOP CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered. SIGNATURE:  DATE 04-28-03 (1302) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 241-4654		

CR2034 (10/02)