

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

DOCUMENT #	P99000076215
1. Entity Name	Summit Network Partners, Inc.



FILED
03 AUG 28 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5725 NE 17th Ave	5725 NE 17th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Ft. Lauderdale FL	Ft. Lauderdale FL
Zip	Zip
33334	33334
Country	Country
USA	USA

4. FEI Number	Applied For
59-3637274	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Leigh Bradley
Street Address (P.O. Box Number is Not Acceptable)	
5725 NE 17th Avenue	
City	Ft. Lauderdale FL
Zip Code	33334

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 [Signature] DATE 8/20/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	CEO	TITLE	
NAME	Leigh Bradley	NAME	
STREET ADDRESS	5725 NE 17th Avenue	STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale FL 33334	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

* SIGNATURE: [Signature] DATE 8/20/03 954-683-2661

CR2E034B (12/02)