

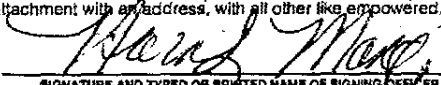


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000087547			
1. Entity Name WOMEN'S INTERACTIVE NETWORK, INC.			
Principal Place of Business 1706-D N.E. CAPITAL CIRCLE TALLAHASSEE, FL 32308		Mailing Address 1706-D N.E. CAPITAL CIRCLE TALLAHASSEE, FL 32308	
DO NOT WRITE IN THIS SPACE			
			
		03132003 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3612475		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANG, DOUGLAS A ESQ. 660 EAST JEFFERSON ST. TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MANG, DEANIE 2407 WINTHROP ROAD TALLAHASSEE, FL 32312		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		NORA L (DEANIE) MANG 5-19-04 402-1946	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	