

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91309 038 ***150.00

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DOCUMENT # P99000111687

1. Entity Name

INTERNATIONAL NETWORK GROUP, INC.



Principal Place of Business

11300 US HWY ONE

SUITE 400

NORTH PALM BEACH FL 33408

Mailing Address

13257 TANGERINE BV

WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

11300 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

City & State

City & State

NORTH PALM BEACH, FL

Zip

Country

Zip

Country

33412

PALM BEACH

4. FEI Number

59-3621006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, JOHN D

11300 US HWY ONE

SUITE 400

NORTH PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**CPD
REYNOLDS, JOHN D
11300 US HWY ONE STE 400
NORTH PALM BEACH FL 33408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
CHASE, JEAN A
13257 TANGERINE BV
WEST PALM BEACH FL 33413**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**12335 76th ROAD NO.
WEST PALM BEACH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
MACDERMOTT, MICHAEL
3171 TOPPINGTOWN DR
BEVERLY HILLS CA 90046**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**1400 OWL CREEK RANCH ROAD
ASPEN, CO 81611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)