FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90945 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09426

1. Entity Name
AMERICAN NETWORK REAL ESTATE,INC.

Principal Place of Business	Mailing Address
~~6365 N.W. 6TH WAY~~ SUITE ~~160~~ FT. LAUDERDALE, FL ~~33309~~	~~6365 N.W. 6TH WAY~~ SUITE ~~160~~ FT. LAUDERDALE, FL ~~33309~~

2. Principal Place of Business		3. Mailing Address	
1640 W. OAKLAND PARK BLVD		1640 W. OAKLAND PARK BLVD	
Suite, Apt #, etc.: 400		Suite, Apt #, etc.: 400	
City & State: Ft LAUDERDALE FL		City & State: Ft. LauderdALE FL	
Zip: 33311	Country: BROWARD	Zip: 33311	Country: BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0225199** | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENZULLI, EDWARD M ~~6365 N.W. 6TH WAY~~ SUITE ~~160~~ FT. LAUDERDALE, FL ~~33309~~	Name: Street Address (P.O. Box Number is Not Acceptable): 1640 W. OAKLAND PARK BLVD. Suite 400 City: Ft. LAUDERDALE FL Zip Code: 33311

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

[illegible]

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	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENZULLI, EDWARD M	NAME	
STREET ADDRESS	~~6365 N.W. 6TH WAY, SUITE 160~~	STREET ADDRESS	1640 W. OAKLAND PARK BLVD. Suite 400
CITY-ST-ZIP	FT. LAUDERDALE, FL ~~33309~~	CITY-ST-ZIP	Ft. LAUDERDALE, FL 33311
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] Pres. 4-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #