

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90022 049 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S67695</b> 1. Entity Name <b>THE REUNION NETWORK, INC.</b>					
Principal Place of Business <b>2450 HOLLYWOOD BLVD., #504 HOLLYWOOD, FL 33020</b>			Mailing Address <b>2450 HOLLYWOOD BLVD., #504 HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>5688 WASHINGTON ST.</b>		3. Mailing Address <b>5688 WASHINGTON ST</b>			
Suite, Apt. #, etc. <b>\$</b>		Suite, Apt. #, etc.			
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>		4. FEI Number <b>65-0272689</b>	
Zip <b>33023</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33023</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEWAK, PAUL J 500 THREE ISLANDS BLVD., #527 HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P SPIEWAK, JOAN 500 THREE ISLAND #527 HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					