

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 021 ***150.00

DOCUMENT # **570088**

1. Entity Name
METRO NETWORK INC



DO NOT WRITE IN THIS SPACE

11013889

2. Principal Place of Business
7460 NW 127 TER
Suite, Apt. #, etc.

3. Mailing Address
7460 NW 127 TER
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, State
DADELAND FL
33076 Country **USA**

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DADELAND FL
33076 Country **USA**

4. FEI Number
65-0286939
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DOUGLAS DOKER**
Street Address (P.O. Box Number is Not Acceptable)
8832 CUMBERBURY DR
City **CORAL SPRINGS** FL **33065**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AMARY WARD 7460 NW 127 TER DADELAND FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(j), 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]** **4/22/03** **561-716-3441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)