SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12985 (0)

1. Corporation Name

GLOBAL SHOPPING NETWORK, INC.

Principal Place of Business: ~~1500 CORDOVA ROAD SUITE 309 FT. LAUDERDALE FL 33316~~

Mailing Address: ~~1500 CORDOVA ROAD SUITE 309 FT. LAUDERDALE FL 33316~~

2. Principal Place of Business: 2190 S.E. 17TH ST
Suite, Apt #, etc.: 212
City & State: FORT LAUDERDALE FL
Zip: 33316 Country: USA

2a. Mailing Address: 2190 S.E. 17TH ST.
Suite, Apt #, etc.: 212
City & State: FORT LAUDERDALE FL
Zip: 33316 Country: USA

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0346972 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERMAN, SANFORD~~
~~2901 PALM AIR DRIVE S, #404~~
~~POMPANO BEACH FL 33069~~

C. KERR
200 NE 14th Ave
Fort Lauderdale, Fl. 33301

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	~~BERMAN, SANFORD~~	
STREET ADDRESS	~~2901 PALM AIRE DRIVE SOUTH #404~~	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES - C	☐ Change ☑ Addition
1.2 NAME	CHRIS PARAS	
1.3 STREET ADDRESS	2190 SE 17th St # 212	
1.4 CITY-ST-ZIP	Ft Lauderdale, Fl. 33316	
2.1 TITLE	C	☐ Change ☑ Addition
2.2 NAME	ANTHONY TARRY	
2.3 STREET ADDRESS	2190 SE 17th St #212	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	#BANK	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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