

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V32385

FILED  
Oct 29, 2004  
Secretary of State

Entity Name: AMERICAN BROKERAGE NETWORK, INC.

## Current Principal Place of Business:

5609 US 19  
SUITE G  
NEW PORT RICHEY, FL 34652 US

## Current Mailing Address:

5609 US 19  
SUITE G  
NEW PORT RICHEY, FL 34652 US

## New Principal Place of Business:

4055 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652 US

## New Mailing Address:

P.O. BOX 596  
NEW PORT RICHEY, FL 34656 US

FEI Number: 59-3119255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POTTS, JOHN E  
4055 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: POTTS, JOHN E  
Address: 5609 US 19 SUITE G  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DST ( ) Delete  
Name: POTTS, PAMELA A  
Address: 5609 US 19 SUITE G  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: POTTS, JOHN E  
Address: 4055 MARINE PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DST (X) Change ( ) Addition  
Name: POTTS, PAMELA A  
Address: 4055 MARINE PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. POTTS

PRES

10/29/2004

Electronic Signature of Signing Officer or Director

Date