

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90074 016 \*\*\*150.00

**DOCUMENT # F98000000215**

1. Entity Name

**ENHANCED COMMUNICATIONS NETWORK, INC.**

Principal Place of Business

Mailing Address

37 WINTHROP PLACE  
 HAZLET NJ 07730  
 US

37 WINTHROP PLACE  
 HAZLET NJ 07730-2262  
 US

2. Principal Place of Business

37 WINTHROP PLACE

3. Mailing Address

37 WINTHROP PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 HAZLET, NJ

City & State  
 HAZLET, NJ

4. FEI Number **22-3558165**

Applied For

Not Applicable

Zip  
 07730

Country  
 USA

Zip  
 07730

Country  
 USA

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

BLANTON, EDWIN F  
 825 THOMASVILLE ROAD  
 TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	RICCA, CHRISTOPHER	
STREET ADDRESS	37 WINTHROP PLACE	
CITY-ST-ZIP	HAZLET NJ 07730	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHAEFFER, BRIAN	
STREET ADDRESS	37 WINTHROP PLACE	
CITY-ST-ZIP	HAZLET NJ 07730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Ricca* CHRISTOPHER RICCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

732-544-8844

Daytime Phone #

CR2E034 (9/99)