


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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 027 ***150.00

DOCUMENT # *P01000043446*

1. Entity Name
PRODUCT SOLUTIONS NETWORK, INC.



DO NOT WRITE IN THIS SPACE

11017723

2. Principal Place of Business 2001 West Sample Road Suite, Apt. #, etc. Suite #101 City & State Pompano Beach, FL		3. Mailing Address 2001 West Sample Road Suite, Apt. #, etc. Suite # 101 City & State Pompano Beach, FL		4. FEI Number 01-0726903	Applied For <input type="checkbox"/> Not Applicable
Zip 33064	Country USA	Zip 33064	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Patricia Klein, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2001 West Sample Road

City Pompano Beach FL Zip Code 33064

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 *[Signature]* DATE *4-9-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1, 2003 - May 1, 2003 Fees \$150.00
After May 1, 2003 Fees \$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	President Steve Berlowski 2001 West Sample Road Pompano Beach, FL 33064
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date *4-8-03* Daytime Phone # *954-969-1010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)