


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1002

031379 AV

DOCUMENT # P34206

1. Entity Name
IDINE REWARDS NETWORK INC.



FILED

03 APR 18 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181
US**

Mailing Address
**11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **84-6028875** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P HENDERSON, GENE 11900 BISCAYNE BLVD. NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V LERCH, STEPHEN 11900 BISCAYNE BLVD NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GARDNER, HERBERT M 4 DARLEY RD GREAT NECK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T BORGES, GREGORY 11900 BISCAYNE BLVD N MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P GEORGE WIEDEMANN 11900 BISCAYNE BLVD 4th FLOOR NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600016340096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Gregory R. Borges **GREGORY R. BORGES, TREAS. 4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)



CORPORATION SERVICE COMPANY™

ZalZ
per conversation w/ Sara Lea

ACCOUNT NO. : 072100000032

REFERENCE : 058541 4338892

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : ~~\$150.00~~ \$158.75

ORDER DATE : April 18, 2003

ORDER TIME : 3:50 PM

ORDER NO. : 058541-025

CUSTOMER NO: 4338892

CUSTOMER: Mr. Gregory Borges
Idine Rewards Network, Inc.
11900 Biscayne Blvd.
Suite 460
Miami, FL 331812708

RECEIVED
03 APR 18 PM 4:35
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: IDINE REWARDS NETWORK INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS:

[Handwritten Signature]