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ALTERNATE MARKETING NETWORKS INC

Form 3

August 12, 2002

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURI

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934. Section Holding Company Act of 1935 of Section 30(f) of the Investment Comp

2. Date of Event Requiring Statement 4.Issuer Name and T (Print or Type Responses) ALTERNATE MARKETI 1. Name and Address of Reporting Person* (month/day/year) Fatehdin, Mehnaz AUGUST 1, 2002 (Last) (First) (Middle) 13155 NOEL ROAD, 10th Fl. 3. IRS Number of 5. Relationship of Reporting 6 (Street) Reporting Person Person(s) to Issuer (Voluntary) (Check all applicable) DALLAS, TEXAS 75240 __Director X 10% Owner (City) (State) (Zip) __Officer (give title below) __Other 7.In (Specify below) (Ch X Fc ___Fc Re Table I- Non-Derivative Securities Beneficially 1.Title of Security 2.Amount of Securities Beneficially Owned 3.Ownership Form: 4.Na (Instr. 4) Direct (D) or Indirect (I) Ow (Instr. 5) Ву К2 Common Stock 2,474,039 Т Reminder: Report on a separate line for each class of securities beneficially owned directly or i *If the form is filed by more than one reporting person, see Instruction 5(b) (v) Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, 1.Title of Derivative 2.Date Exercisable 3.Title and Amount of 4.Conversion or 5.Ownership F Security (Instr. 4) and Expiration Date Securities Underlying Exercise Price Derivative S Derivative Security of Derivative Direct (D) of (Month/Day/Year) (Instr. 4) Indirect (I) Security (Instr. 5) Amount of Expira- Title Date Number Exertion cisable Date of Shares Employee Stock Option 8/1/02 2/1/09 Common Stock 1,243 \$0.03 Т (right to buy)

(1) This option vests in four equal annual installments that began on February 1, 2000.

Explanation of Responses:

**Signatu

^{**} Intentional misstatements or omissions of facts

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constitute Federal Criminal Violations.
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insuffi See Instruction 6 for procedure

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMB Number.