

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000002154**

1. Entity Name  
 PAX NET, INC.

Principal Place of Business  
 601 CLEARWATER PARK RD.  
 WEST PALM BEACH FL 334016233

Mailing Address  
 601 CLEARWATER PARK RD.  
 WEST PALM BEACH FL 334016233

2. Principal Place of Business  
 601 CLEARWATER PARK ROAD

3. Mailing Address  
 601 CLEARWATER PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 WEST PALM BEACH FL

City & State  
 WEST PALM BEACH FL

4. FEI Number  
**65-0789886**  
 Applied For   
 Not Applicable

Zip Country  
 334016233

Zip Country  
 334016233

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**

WATSON WILLIAM L  
 601 CLEARWATER PARK RD.  
 WEST PALM BEACH FL 334016233

Name  
 WATSON WILLIAM L  
 Street Address (P.O. Box Number is Not Acceptable)  
 601 CLEARWATER PARK ROAD  
 City WEST PALM BEACH FL Zip Code 334016233

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 \_\_\_\_\_ **04/16/2001**  
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, 2001 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	S	<input type="checkbox"/> Delete
NAME	WATSON WILLIAM L	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MORRISON ANTHONY L	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GROSSMAN SETH A	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAMACHE KENNETH M	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAGANSKY JEFFREY	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	DC	<input type="checkbox"/> Delete
NAME	PAXSON LOWELL W	
STREET ADDRESS	601 CLEARWATER PARK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON WILLIAM L	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON ANTHONY L	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN ADAM K	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERSON THOMAS EJ	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGANSKY JEFFREY	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON LOWELL W	
STREET ADDRESS	601 CLEARWATER PARK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 334016233	

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:** WILLIAM L. WATSON **S** **04/16/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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**RONALD L. RUBIN - VP**  
**601 CLEARWATER PARK ROAD**  
**WEST PALM BEACH, FL 334016233**