

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012077

**DOCUMENT # F99000000380**

1. Entity Name

**UNITED STATES ADVANCED NETWORK, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 2:40

Principal Place of Business <b>3000 NORTHWOODS PARKWAY SUITE 140 NORCROSS GA 30071</b>	Mailing Address <b>3000 NORTHWOODS PARKWAY SUITE 140 NORCROSS GA 30071-1523</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>58-1817028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RICHARDSON, CHARLES T</b> <b>3000 NORTHWOODS PARKWAY</b> <b>NORCROSS GA 30071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steve Walton</b> <b>3000 Northwoods Parkway, Suite 140</b> <b>Norcross, GA 30071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOHNSON, GEORGE F SR</b> <b>3000 NORTHWOODS PARKWAY</b> <b>NORCROSS GA 30071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steve Walton</b> <b>3000 Northwoods Parkway, Suite 140</b> <b>Norcross, GA 30071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, GEORGE F JR</b> <b>3000 NORTHWOODS PARKWAY</b> <b>NORCROSS GA 30071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003196919--0</b> <b>-04/05/00--01070--010</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, WILLIAM B</b> <b>3000 NORTHWOODS PARKWAY</b> <b>NORCROSS GA 30071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3/3/00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

**SIGNATURE:** Sam Billingsley **Mar 14, 2000** **770-729-1449**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)