


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 020 ***150.00

UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25362
 1. Corporation Name
SOUTHERNNET, INC.

Principal Place of Business 1801 PA AVE.. NW. WASHINGTON DC 20006	Mailing Address 1133 19TH STREET. N.W. STE. 0502/030 WASHINGTON DC 20036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 US 30

3. Date Incorporated or Qualified 07/21/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 58-1416873		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRICE, T	
STREET ADDRESS	1801 PA AVE. N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAU, CHARLES W	
STREET ADDRESS	1133 19TH ST. N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALSBURY, MICHAEL	
STREET ADDRESS	1801 PA AVENUE, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ST. JOHN, JONELLE	
STREET ADDRESS	1801 PA AVENUE, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PERKA, D	
STREET ADDRESS	1133 19TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V.P. & Gen. Tax Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTER NAGEL
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Nagel DATE: 4/29/99 DAYTIME PHONE #: 202-736-6000

CR2E034 (1/198)