

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25362

1. Entity Name

SOUTHERNNET, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 PA AVE. NW  
 WASHINGTON DC 20006  
 US

1133 19TH STREET. N.W.  
 STE. 0502/003  
 WASHINGTON DC 20036-3604  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**500 Clinton Center Dr.**  
**Clinton, MS 39056**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1416873

Applied For

Not Applicable

Zip

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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, 2000 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 PD  Delete  
 NAME PRICE, T  
 STREET ADDRESS 1801 PA AVE. N.W.  
 CITY-ST-ZIP WASHINGTON DC 20006

TITLE P D CEO  Change  Addition  
 NAME BERNARD EBBERS  
 STREET ADDRESS 500 Clinton Center Dr.  
 CITY-ST-ZIP Clinton, MS 39056

TITLE VGTC  Delete  
 NAME NAGEL, WALTER  
 STREET ADDRESS 1133 19TH ST. N.W.  
 CITY-ST-ZIP WASHINGTON DC 20036

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME SALSBUY, MICHAEL  
 STREET ADDRESS 1801 PA AVENUE, N.W.  
 CITY-ST-ZIP WASHINGTON DC

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME ST. JOHN, JONELLE  
 STREET ADDRESS 1801 PA AVENUE, NW  
 CITY-ST-ZIP WASHINGTON DC

TITLE T  Change  Addition  
 NAME SCOTT SULLIVAN  
 STREET ADDRESS 500 Clinton Center Dr.  
 CITY-ST-ZIP Clinton, MS 39056

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Walter Nagel* Walter Nagel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 202-736-6000  
 Date Daytime Phone #

V.P. & Gen. Tax Counsel

CFR2E034 (9/99)