

2000 UNIFORM BUSINESS REPORT (UBR)

0610863

DOCUMENT # P97000004369

1. Entity Name

PHON-NET.COM, INC.

FILED

00 FEB 23 PM 2:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**SUITE 600, 750 WEST PENDER STRET
VANCOUVER, BRITISH COLUMBIA
CANADA V6C 2T7**

**SUITE 600, 750 WEST PENDER STRET
VANCOUVER, BRITISH COLUMBIA
CANADA V6C 2T7**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0198225

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	DPC	<input type="checkbox"/> Delete
NAME	COLLINS, BRIAN	
STREET ADDRESS	5694 IMPERIAL STREET	
CITY-ST-ZIP	BURNABY, BRITISH COLUMBIA V5J1G-2	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, LANA BEA	
STREET ADDRESS	5694 IMPERIAL STREET	
CITY-ST-ZIP	BURNABY, BRITISH COLUMBIA V5J1G-2	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, THOMAS	
STREET ADDRESS	5694 IMPERIAL STREET	
CITY-ST-ZIP	BURNABY, BRITISH COLUMBIA V5J1G-2	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Collins	
STREET ADDRESS	Suite 600, 750 West Pender Street	
CITY-ST-ZIP	Vancouver, BC Canada V6C 2T7	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sloan Young	
STREET ADDRESS	Suite 600, 750 West Pender Street	
CITY-ST-ZIP	Vancouver, BC Canada V6C 2T7	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003155520--4	
STREET ADDRESS	-03/02/00--01119--002	
CITY-ST-ZIP	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brian Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Collins, President (604) 437-3787

Date Daytime Phone #

Phone (604) 437-3787

CR2E034 (9/99)