


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90029 013 \*\*\*150.00

<b>DOCUMENT # F99000000380</b> 1. Entity Name <b>UNITED STATES ADVANCED NETWORK, INC.</b>					
Principal Place of Business <b>3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>				Mailing Address <b>3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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	
6. Name and Address of Current Registered Agent  <b>BLANTON, EDWIN F ESQ 825 THOMASVILLE RD. TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHNSON, GEORGE F SR 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, GEORGE F JR 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, WILLIAM B 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD WALTON, STEVE 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, WILLIAM D 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHAW, MICHELLE 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Clendenen-Shaw, Michelle 3080 Northwoods Circle Norcross, GA 30071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Michelle Clendenen-Shaw</i>		<b>12 April 2004</b>		<b>770-453-6034</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michelle Clendenen-Shaw, Vice President</b>					