2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003355

EVOLUTION NETWORKS SOUTH, INC.

Principal Place of Business

Mailing Address

20 PERIMETER CENTER EAST ATLANTA GA 3034

20 PERIMETER CENTER EAST ATLANTA GA 3034

2. Principal Place of Business 3. Mailing Address 900 ASHWOOD PKWY. 900 ASHWOOD PKNY FILED SAUG 16, 2001 8:00 am Secretary of State

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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. Signature Types or prison remove insplated upon and third secrecation. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent, or both, in the State of Florida. Signature Types or prison remove insplated upon and third secrecation. NOTE Registered Agent. In E	ATL	ANTA, GA	ATLANTA	, GA		58-25486			
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		Lentify that the information supplied with t	his filing does not qualify for t		ted in Section :	119.07(3)(i) Florida Statutes I furti	her certify that the i	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.

OFFICER OR DIRECTOR

Daytime Phone #