

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90024 012 ***150.00

0671919 MB

DOCUMENT # F01000003253

1. Entity Name
CITYNET TELECOMMUNICATIONS, INC.



Principal Place of Business
8403 COLESVILLE ROAD, 14TH FLOOR
SILVER SPRING MD 20910

Mailing Address
8403 COLESVILLE ROAD, 14TH FLOOR
SILVER SPRING MD 20910

2. Principal Place of Business
8405 Colesville Road,
Suite, Apt. #, etc.
6th Floor

3. Mailing Address
8405 Colesville Road,
Suite, Apt. #, etc.
6th Floor

City & State
Silver Spring, Maryland
Zip
20910
Country
U.S.A.

City & State
Silver Spring, Maryland
Zip
20910
Country
U.S.A.

4. FEI Number 51-0391591
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	SVPG PERKELL, MARK R 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PARDO, EMILIO 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF HOOPES, DEBRA R 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCM BAMJI, CYRUS E 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCA HALE, MARCIA L 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASC MARCUS, MONIQUE 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP - Sales & Bus. Dev. Peter H. Ettlinger 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board William J. Elsner 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tony Coelho 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anthony S. Daffer 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ronald C. Kaufman 8405 Colesville Road, 6th Floor Silver Spring, MD 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fred A. Viera 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" 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)(1), 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.

SIGNATURE: S. V. Asst. Sec. Controller 4/09/03 301-608-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)