

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-14-2003 90023 016 \*\*\*150.00

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**DOCUMENT # F01000003254**

1. Entity Name  
**CITYNET TELECOM, INC.**



Principal Place of Business  
C/O CITYNET TELECOMMUNICATIONS, INC.  
8403 COLESVILLE ROAD, 14TH FLOOR  
SILVER SPRING MD 20910

Mailing Address  
C/O CITYNET TELECOMMUNICATIONS, INC.  
8403 COLESVILLE ROAD, 14TH FLOOR  
SILVER SPRING MD 20910



2. Principal Place of Business  
**8405 Colesville Road**

3. Mailing Address  
**8405 Colesville Road**

Suite, Apt. #, etc.  
**6th Floor**

CHECK HERE IF MAKING CHANGES

City & State  
**Silver Spring, Maryland**

City & State  
**Silver Spring, Maryland**

Zip  
**20910**

Country  
**U. S. A.**

Zip  
**20910**

Country  
**U. S. A.**

4. FEI Number **52-2257565**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAO ABERNATHY, VICKI S 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BERGER, ROBERT G 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PARDO, EMILIO L 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HOOPES, DEBRA R 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input checked="" 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	V MERRILL, STEPHEN L 8403 COLESVILLE ROAD, 14TH FLOOR SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Marketing Officer & Assistant Secretary Cyrus E. Bamji 8403 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Secretary & Director Emilio L. Pardo 8403 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASC Monique L. Marcus 8405 Colesville Road, 6th Floor Silver Spring, Maryland 20910	<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.

SIGNATURE: SILVIA JUNG REQUIA/Asst. Sec. & Controller 04/09/03 301-608-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)