

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

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

04-14-2003 90023 017 ***150.00

06/7/926 MB

DOCUMENT # F01000003256

1. Entity Name
CITYNET U.S. OPERATING COMPANY



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
Suite, Apt. #, etc.
6th Floor

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

CHECK HERE IF MAKING CHANGES

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 52-2292043
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ABERNATHY, VICKI S	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, ROBERT G	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARDO, EMILIO L	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HOOPES, DEBRA R	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARCUS, MONIQUE	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DODD, STEVEN L	
STREET ADDRESS	8403 COLESVILLE ROAD, 14TH FLOOR	
CITY-ST-ZIP	SILVER SPRING MD 20910	

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		
TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Emilio L. Pardo	
CITY-ST-ZIP	8405 Colesville Road, 6th Floor	
	Silver Spring, Maryland 20910	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monique L. Marcus	
STREET ADDRESS	8405 Colesville Road, 6th Floor	
CITY-ST-ZIP	Silver Spring, Maryland 20910	
TITLE	General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark R. Perkell	
STREET ADDRESS	8405 Colesville Road, 6th Floor	
CITY-ST-ZIP	Silver Spring, Maryland 20910	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: SIGNATURE REQUIRED *Assistant Secretary* 04/09/03 301-608-2131
DATE: _____ DAYTIME PHONE: _____

CR2E034 (10/02)