

05-30-2002 91587 049 \*\*\*550.00

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

DOCUMENT # F94000005640  
 1. Entity Name  
 Advanced Nationwide Messaging Corporation

116750

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 6910 Richmond Hwy  
 Suite, Apt. #, etc.

3. Mailing Address  
 6910 Richmond Hwy  
 Suite, Apt. #, etc.  
 MS 082

City & State  
 Alexandria, VA

City & State  
 Alexandria, VA

Zip  
 22306

Zip  
 22306

Country

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 91-1656640

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 CSC

Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street

City  
 Tallahassee

FL

Zip Code  
 32301

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE CEO	NAME William L. Collins, III	TITLE	
STREET ADDRESS 6677 Richmond Hwy	STREET ADDRESS 6677 Richmond Hwy	NAME	
CITY-ST-ZIP Alexandria VA 22306	CITY-ST-ZIP Alexandria VA 22306	STREET ADDRESS	
TITLE VCEO	NAME Vincent D Kelly	TITLE	
STREET ADDRESS 6677 Richmond Highway	STREET ADDRESS 6677 Richmond Highway	NAME	
CITY-ST-ZIP Alexandria VA 22306	CITY-ST-ZIP Alexandria VA 22306	STREET ADDRESS	
TITLE AS	NAME Shirley B. White	TITLE	
STREET ADDRESS 6910 Richmond Highway	STREET ADDRESS 6910 Richmond Highway	NAME	
CITY-ST-ZIP Alexandria, VA 22306	CITY-ST-ZIP Alexandria, VA 22306	STREET ADDRESS	
TITLE	NAME	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley B White Shirley B. White 5/22/02 (703) 660-6677

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

CR2E034E (12/01)