

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90009 028 ***150.00

05/78044

DOCUMENT # F96000004714

1. Entity Name
AMERICA ONE COMMUNICATIONS, INC.

Principal Place of Business
**2980 FAIRVIEW PARK DR #1300
 FALLS CHURCH VA 22042-4525**

Mailing Address
**2980 FAIRVIEW PARK DR #1300
 FALLS CHURCH VA 22042-4525**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1760725**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

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

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRBANK, RICHARD D	
STREET ADDRESS	2980 FAIRVIEW PARK DR #1300	
CITY-ST-ZIP	FALLS CHURCH VA 22042-4525	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, NIGEL W	
STREET ADDRESS	2980 FAIRVIEW PARK DR #1300	
CITY-ST-ZIP	FALLS CHURCH VA 22042-4525	
TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, NEIL ANDREW	
STREET ADDRESS	2650 PARK TOWER DR #300	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	V	<input type="checkbox"/> Delete
NAME	TYLER, DAVID M JR	
STREET ADDRESS	2650 PARK TOWER DR #300	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINNERAN, JOHN G JR	
STREET ADDRESS	2980 FAIRVIEW PARK DR #1300	
CITY-ST-ZIP	FALLS CHURCH VA 22042-4525	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLEY, DAVID M	
STREET ADDRESS	2980 FAIRVIEW PARK DR #1300	
CITY-ST-ZIP	FALLS CHURCH VA 22042-4525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Andrew Cohen* **N. Andrew Cohen** **3/8/2001** **703 208 2601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)