


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90027 023 ***550.00

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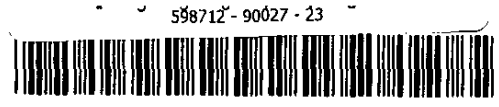
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001393 ✓
 1. Corporation Name
 SOUTH CAROLINA NET, INC.

Principal Place of Business: 1426 MAIN STREET, SUITE 1000, COLUMBIA SC 29201
 Mailing Address: 1426 MAIN STREET, SUITE 1000, COLUMBIA SC 29201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-28)
 24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 03/17/1997
 4. FEI Number: 57-0950120
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City, 85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE: PD NAME: JORDAN, WILLIAM J STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |
| TITLE: V NAME: THOMPSON, JAMES E STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |
| TITLE: SD NAME: MCELWEE, JOSEPH M STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |
| TITLE: TD NAME: HUGGINS, CURLEY P STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |
| TITLE: D NAME: MCDANIEL, JOHN L STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |
| TITLE: D NAME: SHEPARD, MICHAEL R STREET ADDRESS: 1426 MAIN STREET SUITE 1000 CITY-ST-ZIP: COLUMBIA SC 29201 | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE: C 1.2 NAME: Frank S. Barnes, Jr. 1.3 STREET ADDRESS: 1426 Main St., Suite 1000 1.4 CITY-ST-ZIP: Columbia, SC 29201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE: VC 2.2 NAME: Robert L. Helmly, Sr. 2.3 STREET ADDRESS: 1426 Main St., Ste. 1000 2.4 CITY-ST-ZIP: Columbia, SC 29201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE: T 3.2 NAME: Sandy Boyd 3.3 STREET ADDRESS: 1426 Main St., Ste. 1000 3.4 CITY-ST-ZIP: Columbia, SC 29201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy Boyd (Sandy Boyd) 7/22/99 (803) 771-7476
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)