

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001393

1. Entity Name
SOUTH CAROLINA NET, INC.

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **57-0950120** Applied For
Not Applicable

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

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

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.

SIGNATURE *Danita Mahoney, Asst Sec* DATE 10/20/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		<input type="checkbox"/> Delete
TITLE NAME	PD JORDAN, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE NAME	V THOMPSON, JAMES E	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE NAME	SD MCELWEE, JOSEPH M	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE NAME	TD HUGGINS, CURLEY P	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE NAME	D MCDANIEL, JOHN L	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE NAME	D SHEPARD, MICHAEL R	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP	COLUMBIA SC 29201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	400003454774	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	-10/07/00-01001-014		
CITY-ST-ZIP	***750.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	500003454905	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	-11/07/00-01054-014		
CITY-ST-ZIP	***750.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 2000

[Handwritten Signature]

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: W Jordan **REQUIRED** Jordan Date 9-28-00 Daytime Phone # 803-771-7476

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CR2E034 (5/00)