

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # F97000001393

1. Entity 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
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 57-0950120	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 US

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 _____ DATE **01/17/2001**
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	
TITLE D	<input type="checkbox"/> Delete
NAME SHEPARD MICHAEL R	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	
TITLE D	<input type="checkbox"/> Delete
NAME MCDANIEL JOHN L	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	
TITLE TD	<input type="checkbox"/> Delete
NAME HUGGINS CURLEY P	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	
TITLE SD	<input type="checkbox"/> Delete
NAME MCELWEE JOSEPH M	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	
TITLE V	<input type="checkbox"/> Delete
NAME THOMPSON JAMES E	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	
TITLE PD	<input type="checkbox"/> Delete
NAME JORDAN WILLIAM J	
STREET ADDRESS 1426 MAIN STREET SUITE 1000	
CITY-ST-ZIP COLUMBIA SC 29201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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	

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: WILLIAM J JORDAN **PD** 01/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)