
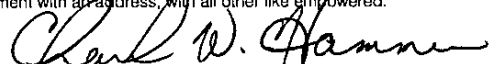


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90003 035 \*\*\*550.00

DOCUMENT # F97000001393					
1. Entity Name SOUTH CAROLINA NET, INC.					
Principal Place of Business 1500 HAMPTON ST STE 101 COLUMBIA, SC 29201			Mailing Address 1500 HAMPTON ST STE 101 COLUMBIA, SC 29201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-0950120	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JORDAN, WILLIAM J	NAME			
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMPSON, JAMES E	NAME	Charles W. Hammer		
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS	1500 Hampton St., Ste 101		
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP	Columbia, SC 29201		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE			
NAME	STOKES, MARK	NAME			
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP			
TITLE	VHR <input type="checkbox"/> Delete	TITLE			
NAME	CATHCART, JULIE	NAME			
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	MCDANIEL, JOHN L	NAME			
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	President; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, JIM	NAME			
STREET ADDRESS	1500 HAMPTON ST STE 101	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		6/1/05		803-726-4095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	