

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001393

FILED
Mar 19, 2009
Secretary of State

Entity Name: SOUTH CAROLINA NET, INC.

Current Principal Place of Business:

1500 HAMPTON ST
STE 101
COLUMBIA, SC 29201

New Principal Place of Business:

Current Mailing Address:

1500 HAMPTON ST
STE 101
COLUMBIA, SC 29201

New Mailing Address:

FEI Number: 57-0950120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: JORDAN, WILLIAM J
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

Title: ST () Delete
Name: HAMMER, CHARLES W
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

Title: VHR () Delete
Name: CATHCART, JULIE
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

Title: D () Delete
Name: MCDANIEL, JOHN L
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

Title: PRES (X) Delete
Name: WILLIAMS, VERNON
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GEYER, TIMOTHY A
Address: 1500 HAMPTON ST STE 101
City-St-Zip: COLUMBIA, SC 29201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: WILLIAMS, VERNON
Address: 1500 HAMPTON ST., SUITE 101
City-St-Zip: COLUMBIA, SC 29201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCI S. MACKIE

Electronic Signature of Signing Officer or Director

TXMG

03/19/2009

_____ Date