2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001393

Name:

Address: City-St-Zip: WILLIAMS, VERNON

COLUMBIA, SC 29201

1500 HAMPTON ST STE 101

Entity Name: SOUTH CAROLINA NET, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1500 HAMPTON ST STE 101 COLUMBIA, SC 29201 **Current Mailing Address: New Mailing Address:** 1500 HAMPTON ST STE 101 COLUMBIA, SC 29201 FEI Number: 57-0950120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JORDAN, WILLIAM J Name: Name: 1500 HAMPTON ST STE 101 Address: Address: City-St-Zip: COLUMBIA, SC 29201 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: HAMMER, CHARLES W Name: GEYER, TIMOTHY A 1500 HAMPTON ST STE 101 1500 HAMPTON ST STE 101 Address: Address: COLUMBIA, SC 29201 COLUMBIA, SC 29201 City-St-Zip: City-St-Zip: Title: VHR () Delete Title: () Change () Addition CATHCART, JULIE Name: Name: 1500 HAMPTON ST STE 101 Address: Address: City-St-Zip: COLUMBIA, SC 29201 City-St-Zip: Title: () Delete Title: **PRES** (X) Change () Addition MCDANIEL, JOHN L WILLIAMS, VERNON Name: Name: Address: 1500 HAMPTON ST STE 101 Address: 1500 HAMPTON ST., SUITE 101 City-St-Zip: COLUMBIA, SC 29201 City-St-Zip: COLUMBIA, SC 29201 Title: **PRES** (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUCI S. MACKIE **TXMG** 03/19/2009