

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

0694176 AB

04-11-2003 90210 050 \*\*\*150.00

**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  
**1500 Hampton Street**  
Suite, Apt. #, etc.  
**Suite 101**  
City & State  
**Columbia, SC 29201**  
Zip Country

3. Mailing Address  
**1500 Hampton Street**  
Suite, Apt. #, etc.  
**Suite 101**  
City & State  
**Columbia, SC 29201**  
Zip Country



CHECK HERE IF MAKING CHANGES

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JORDAN, WILLIAM J</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMPSON, JAMES E</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCELWEE, JOSEPH M</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HUGGINS, CURLEY P</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDANIEL, JOHN L</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEPARD, MICHAEL R</b> <b>1426 MAIN STREET SUITE 1000</b> <b>COLUMBIA SC 29201</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1500 Hampton Street, Ste 101</b> <b>Columbia, SC 29201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1500 Hampton Street, Ste 101</b> <b>Columbia, SC 29201</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1500 Hampton St., Ste 101</b> <b>Columbia, SC 29201</b>

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: SIGNATURE REQUIRED **4/2/03** **803-726-4004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)