

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90003 049 ***150.00

DOCUMENT # F97000004908

1. Entity Name

MANAGED NETWORKS OF AMERICA, INC.

Principal Place of Business	Mailing Address
4425 CORPORATION LANE, SUITE 160 VIRGINIA BEACH VA 23462-3103	4425 CORPORATION LANE, SUITE 160 VIRGINIA BEACH VA 23462-3103

C0011352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
1206 LASKIN ROAD		1206 LASKIN ROAD		54-1675728	Not Applicable
Suite, Apt. #, etc. SUITE 207		Suite, Apt. #, etc. SUITE 207			
City & State VIRGINIA BEACH, VA		City & State VIRGINIA BEACH, VA			
Zip 23451	Country	Zip 23451	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEELE, GREG 24 CATHEDRAL PLACE, SUITE 302 ST. AUGUSTINE FL 32084	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, GREG	NAME	
STREET ADDRESS	24 CATHEDRAL PLACE STE 302	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	DV ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDLEY, RICHARD	NAME	EDLEY, RICHARD
STREET ADDRESS	4425 CORPORATION LANE, SUITE 160	STREET ADDRESS	1206 LASKIN RD. STE 207
CITY-ST-ZIP	VIRGINIA BEACH VA 23462-3103	CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	TSD <input type="checkbox"/> Delete	TITLE	TSD ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, GISELLE	NAME	WEINSTEIN, GISELLE
STREET ADDRESS	4425 CORPORATION LANE, SUITE 160	STREET ADDRESS	1206 LASKIN RD., STE 207
CITY-ST-ZIP	VIRGINIA BEACH VA 23462-3103	CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	PCEO ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MATTHEW	NAME	WEINSTEIN, MATTHEW
STREET ADDRESS	4425 CORPORATION LN., STE 160	STREET ADDRESS	1206 LASKIN RD, STE 207
CITY-ST-ZIP	VIRGINIA BEACH VA 23462	CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

GISELLE WEINSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00

757 428-7200
Date Daytime Phone #