

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90220 031 ***150.00

DOCUMENT # F98000003716

1. Entity Name
COM-NET SERVICES, INC.



Principal Place of Business
**8232 W. DARRYL
BATON ROUGE LA 70815-8093**

Mailing Address
**8183 W. EL CAJON
BATON ROUGE LA 70815-8093**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1393331**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~C-T-CORPORATION SYSTEM~~
~~% CT CORPORATION SYSTEM~~
~~PLANTATION FL 33324~~

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **C THOMAS, NEWTON B**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP **BATON ROUGE LA 70815**

TITLE Change Addition
NAME **V.P. & G.M. VINCENT R. THIBODAUX**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP **BATON ROUGE, LA 70815**

TITLE Delete
NAME **DS PHILLIPS, N. LARON**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP **BATON ROUGE LA 70815**

TITLE Change Addition
NAME **SECRETARY/TREASURER N. LARON PHILLIPS**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP **BATON ROUGE, LA 70815**

TITLE Delete
NAME **P LOWREY, ALTON L**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP ~~BATON ROUGE LA 70815-8093~~

TITLE Change Addition
NAME **DIRECTOR JOHN J. RUSH**
STREET ADDRESS **8183 W. EL CAJON**
CITY-ST-ZIP ~~BATON ROUGE, LA 70815~~

TITLE Delete
NAME **VP OATLEY, DAVID A**
STREET ADDRESS **11933 PARKBROOK**
CITY-ST-ZIP **BATON ROUGE LA 70816**

TITLE Change Addition

TITLE Delete
NAME **V LACY, MICHAEL A**
STREET ADDRESS **2400 W. MICHIGAN AVE., STE 21**
CITY-ST-ZIP **PENSACOLA FL 32526-2219**

TITLE Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: _____

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03
Date

225-927-8901
Daytime Phone #

CR2E034 (10/02)