

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90016 002 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004055

1. Entity Name
ADVANCED BROADBAND SYSTEM SERVICES, INC.

Principal Place of Business
412 E. MADISON STREET, STE. 1110
TAMPA, FL 33602

Mailing Address
412 E. MADISON STREET, STE. 1110
TAMPA, FL 33602-4618

2. Principal Place of Business
319 1st Street N.E.

3. Mailing Address
319 1st Street N.E.

DO NOT WRITE IN THIS SPACE

City & State
Ruskin, FL

City & State
Ruskin, FL

4. FEI Number
58-2367713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAISLIP, WALLY 4250 INTERNATIONAL BLVD NORCROSS GA 30091 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BRACEFIELD, RICHARD M. 319 1st Street NE RUSKIN, FL 33510 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, MARK 412 E. MADISON ST STE 1110 TAMPA FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKMAN, Kenneth M. 319 1st Street NE RUSKIN FL 33510 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGMAN, NORMA 4261 COMMUNICATIONS DR NORCROSS GA 30091 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAGER, KARI 412 E. MADISON ST STE 1110 TAMPA FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTERLINE LARRY 4261 COMMUNICATIONS DRIVE NORCROSS GA 30091 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard M. Bracefield
Signature and typed or printed name of signing officer or director

4/24/01-813-307-0798