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Corporation Guarantee and Trust Company

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JULY 21, 2000

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Florida Department of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, FL 32314

RE: UNITED STATES ADVANCED NETWORK, INC.

Dear Sir or Madam:

Enclosed is duplicate Change of Agent form of the above company for filing with your office. Also enclosed is our check to cover the filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

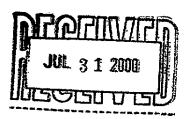
Cordially yours,

James A. Curran

President

JAC/as

OO NUG -2 PH 4: 22
SECRETARY OF STATE
SECRETARY OF STATE



algery

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provis the undersigned corpor	•				-ioriaa Statu	res,
submits the following s					gent, or both	, in
the State of Florida. L. The name of the corp	onation is IINITT	ኖ ክ ሮ ሞልሞፑር ለከህል	NCED NETWOR	K INC		
. The name of the corp	oration is: UNIT	ED STATES ADVA	NCED NEIWOR	IX, INO.		
2. The mailing address ATLANTA, GA 3	-	18: 3000 NORTHW	OODS PRWY,	STE. 140,		
3. Date of incorporatio	n/qualification:	1/20/99	Documen	t number: <u>F99</u>	000000380	
4. The name and addres	ss of the current reg	gistered agent and	office:			
CORPO	RATION SERVICE	COMPANY				
1201	HAYS STREET		· · · · · · · · · · · · · · · · · · ·			
	HASSEE, FL 323		(D. O. D.	Not Assemble	abla)	
5. The name and addre	_	_	ice: (P. O. Bo	x Not Accept	able)	
EDWI	N F. BLANTON,	ESQ.				•
825	THOMASVILLE RO	AD	. ,	 .		
TALI	AHASSEE, FL 32	303				
The street address of it agent, as changed, will	s registered office be identical.	and the street add	iress of the b	isiness office	of its register	ed
Such change was authorized by the boar						
authorized by the board				July 1	t 2000	
(Signature of an offi	cer, chairman or vice ch	airman of the board)		(Date)	/) /~~	
SAM Billingale	Execution typed name and	va Vice Presid	ent			
Having been named as corporation, I hereby of I further agree to comp berformance of my dui registered agent.	registered agent accept the appoint ply with the provis	and to accept ser ment as registere sions of all statute	vice of proces d agent and a s relative to t	ne proper ana	COMPLETE	7.
registered agent.) Della	_	4/2	ac lle	LARE NO	
(Signature	of Registered Agent)			Date)	52 ·	
If signing on behalf of an e	ntity:				2 PM	
(Typed or	Printed Name)			(Capacity)	FATE STATE	
	* * * I	FILING FEE: \$3	5.00 * * *		Ä., 5	

CR2E045(7/97)