

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90029 013 ***150.00

DOCUMENT # F99000000380 1. Entity Name UNITED STATES ADVANCED NETWORK, INC.					
Principal Place of Business 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071			Mailing Address 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLANTON, EDWIN F ESQ 825 THOMASVILLE RD. TALLAHASSEE, FL 32303				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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, GEORGE F SR 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GEORGE F JR 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM B 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALTON, STEVE 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM D 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, MICHELLE 3080 NORTHWOODS CIRCLE NORCROSS, GA 30071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Clendenen-Shaw, Michelle 3080 Northwoods Circle Norcross, GA 30071	☒ Change ☐ Addition			
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: <i>Michelle Clendenen-Shaw</i>		12 April 2004		770-453-6034	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michelle Clendenen-Shaw, Vice President					