

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90006 002 ***550.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9000001946

1. Entity Name

Erbia Network, Inc.

Principal Place of Business

1483 Chain Bridge Road, Suite
300
McLean, VA 22101

Mailing Address

6455 East Johns Crossing
Suite 285
Duluth, GA 30097

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1931070

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Richard A. Murdoch, Esq.
980 N. Federal Hwy, #410
Baton Raton, FL 33432

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)

☐

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

☐

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Richard J. Gibbs	
STREET ADDRESS	1483 Chain Bridge Road, Suite 300	
CITY-ST-ZIP	McLean, VA 22101	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	A. Oscar Bazoberry	
STREET ADDRESS	1483 Chain Bridge Road, Suite 300	
CITY-ST-ZIP	McLean, VA 22101	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Joel Dichter	
STREET ADDRESS	1483 Chain Bridge Road, Suite 300	
CITY-ST-ZIP	McLean, VA 22101	
TITLE	D	<input type="checkbox"/> Delete
NAME	Arne Dunhem	
STREET ADDRESS	1483 Chain Bridge Road, Suite 300	
CITY-ST-ZIP	McLean, VA 22101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arne Dunhem	
STREET ADDRESS	1483 Chain Bridge Road, Suite 300	
CITY-ST-ZIP	McLean, VA 22101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/00 7037499745