

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005691

1. Entity Name
NETLOJIX TELECOM, INC.

Principal Place of Business
501 BATH STREET
SANTA BARBARA CA 93101

Mailing Address
501 BATH STREET
SANTA BARBARA CA 93101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 77-0521934

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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 DCEO
NAME PAPA, ANTHONY E
STREET ADDRESS 501 BATH STREET
CITY-ST-ZIP SANTA BARBARA CA 93101

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE PSD
NAME PASANI, JAMES P
STREET ADDRESS 501 BATH STREET
CITY-ST-ZIP SANTA BARBARA CA 93101

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE CFO
NAME USSERY, MICHAEL D
STREET ADDRESS 8721 AIRPORT FREEWAY
CITY-ST-ZIP FORT WORTH TX 76180

Delete

TITLE Treasurer
NAME Greg Wilson
STREET ADDRESS 501 Bath St
CITY-ST-ZIP Santa Barbara, CA 93101

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Anthony PAPA

8/23/01 (805) 884-6300

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90054 024 ***550.00



DO NOT WRITE IN THIS SPACE

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CP2E034 (5/01)