2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # F9900006219  1. Entity Name BROADSLATE NETWORKS OF FLORIDA, INC.						Apr 30, 2001 08:00 AM Secretary of State			
DROADSL	ATE WETWORKS OF FEORID	A, II.C.				U			
Principal Place		Mailing Address		<del></del> .					
CHARLOTTES 22903	VILLE VA	CHARLOTTESVILLE 22903							
	ace of Business	3. Mailing Address 630 PETER JEFFERSON PARK	3. Mailing Address 630 PETER JEFFERSON PARKWAY					-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. suite 300				DO NOT WRITE IN THIS SPACE			
City & State	VILLE VA	City & State CHARLOTTESVILLE VA				4. FEI Number         Applied For           54-1951299         Not Applicable			
Zip 22911	Country	Zip 22911	Coun	try	5.			.75 Additional Required	
	6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New Registered	Agent		-
CORPORAT	FION SERVICE COMPANY STREET			Street Ad	ddress (P.O. E	Box Number is Not Acceptable)	<u></u> -	<del></del> -	-
TALLAHAS	SEE	FL							-
323012525	US			City		FL	Zip Co	de	1
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or	registered ac	gent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable, (NOT	E: Registered	d Agent signat.	ire required when i		<u>)/2001</u>	<u></u>	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW  After MAY 1, 20  Make Check Payal	01 Fee	will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5. Add	00 May Be ed to Fees	
11.	OFFICERS AND		12.			DDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOERING DONALD A 585 LOBLOLLY LANE CHARLOTTESVILLE	☐ Delete  VA 22903				PETER JEFFERSON PARKWAY, SUITE 300 CARLOTTESVILLE  VA 22911  D Change		☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIRKLE WALTER M 585 LOBLOLLY LANE CHARLOTTESVILLE	Delete  VA 22903						Addition	CR26
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKENZIE EARLE A 3420 AUBUSSON TRACE ALPHARETTA	☐ Delete	TITLE NAME STRE	<del></del>	PD MACKENZ 630 PETER		Change 22911	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADORESS -ST-ZIP			☐ Change	Addition	
of the corp	on uns recordor supplemental renorri	s true and accurate and that i owered to execute this report	my signat : as requir	ure chall h:	ava tha coma	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears	am an office	e or director	

PD

04/30/2001

Daytime Phone #

Date

SIGNATURE: <u>Earle.A. MacKenzie</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR