FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am DOCUMENT # H04905 Secretary of State 1. Entity Name 03-05-2002 90013 021 ***150.00 HIGH SPEED NET SOLUTIONS, INC. Principal Place of Business Mailing Address 1201 HAYS STREET 1201 HAYS STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0185306 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **TALLAHASSEE FL 32301** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PCEO** TITLE ☐ Delete TITLE C00 Addition JAWERTH, BJORN NAME NAME Gary Ban 434 Fayetteville ST., STE 600 STREET ADDRESS 434 FAYETTEVILLE ST., STE. 600 STREET ADDRESS RALIEGH NC 27601 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME SEIFERT, RICK STREET ADDRESS TWO HANOVER SQ., S-600,434 FAYETTEVILLE MAL STREET ADDRESS CITY-ST-7IP RALEIGH NC 27601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CFO. NAME LOWREY, ROBERT S NAME STREET ADDRESS STREET ADDRESS 434 FAYETTEVILLE ST., STE. 600 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27601 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

AME OF SIGNING OFFICE OF DIRECTOR SIGNATURE AND TYPED OR PRINTED

changed, or on an attachment with an address, with all other like empowered.