

2001 UNIFORM BUSINESS REPORT (UBR)

0027613 AF

DOCUMENT # L00000011890

1. Entity Name
ALPHA NETWORK SOLUTIONS, LLC

FILED

01 MAY -1 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
875 HAWSER ST., N.E.
PALM HARBOR FL 32907

Mailing Address
875 HAWSER ST., N.E.
PALM HARBOR FL 32907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
875 Hawser St NE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 120428
Suite, Apt. #, etc.

City & State
Palm Bay, FL
Zip 32907 Country USA

City & State
West Melbourne, FL
Zip 32912 Country USA

4. FEI Number 59-3664747
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WADE, TONYA
875 HAWSER ST., N.E.
PALM HARBOR FL 32907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City Palm Bay FL Zip Code 32907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004275401--9
-05/22/01--01012--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Lucas
STREET ADDRESS	P.O. Box 120397
CITY-ST-ZIP	West Melbourne, FL 32912
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tonya Wade
STREET ADDRESS	875 Hawser St NE
CITY-ST-ZIP	Palm Bay, FL 32907
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	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tonya Wade 4/25/01 321-984-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)