

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90315 048 ****50.00

DOCUMENT # L02000024246



1. Entity Name
CITYNET, L.L.C.

Principal Place of Business
**2326 STATE AVE.
PANAMA CITY FL 32405**

Mailing Address
**2326 STATE AVE.
PANAMA CITY FL 32405**

2. Principal Place of Business
455 Harrison Avenue

3. Mailing Address
455 Harrison Avenue

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite E

City & State
Panama City, FL

City & State
Panama City, FL

Zip Country
32401 Bay

Zip Country
32401 USA

4. FEI Number
51-0430103

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, CLIFTON
2326 STATE AVE.
PANAMA CITY FL 32405**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clifton Parker*

1/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
NAME **PARKER, CLIFTON**
STREET ADDRESS **2326 STATE AVE.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **MGRM** Change Addition
NAME **Clifton Parker**
STREET ADDRESS **2933 Fairmont Drive**
CITY-ST-ZIP **Panama City, FL 32405**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Clifton Parker* **REQUIRED**

1/10/2003

850-785-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)