2000 UNIFORM BUSINESS REPORT (UBR)

L98000000453 DOCUMENT #

1. Entity Name

HOMETOWNE INTERNET NETWORKS, LLC

Principal Place of Business

Mailing Address

138 PALM COAST PARKWAY, SUITE 250 PALM COAST FL 32137

138 PALM COAST PARKWAY. SUITE 250

PALM COAST FL 32137-8241

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SECRETARY OF STATE TALLAHASȘEE, FLORIDA



2. Principal Place of Business		3. Mailing Addr	3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 57-355642 APPLIED FOR			Applied For Not Applicable	
Zip	Country Zip Co		Coun	ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required		dditional red		
	6. Name and Address of Curn	ent Registered Agent			7Name	and Address of New Registere	d Agent		
				Name					
GILLIAM, JASON R 138 PALM COAST PARKWAY, SUITE 250				Street Address (P.O. Box Number is Not Acceptable)					
	AST FL 32137	U							
I ALM OO	AOT TE SETO!			City	<u></u>		Zip Co	de	
8. The above	named entity abmits this statemen	nt for the purpose of ch	anging its register	ed office or registe	ered agent, c	or both, in the State of Florida.	<u> </u>		
SAMA AS BEFORE 4-28-00							00		
SIGNATURE	Signature, typed or printed name of registered a	d Agent signature requir	ed when reinstating	ng) DAT	E				
			FILE NOW!!! Check Payable t						
9. MANAGING MEMBERS/MEMBERS 10.						ADDITIONS/CHANG	iES		
TITLE	MGR						Change	Addition	
NAME STREET ADDRESS	GILLIAM, JASON R 138 PALM COAST PARKWAY	, SUITE 250		EET ADDRESS					
CITY- ST- ZIP	PALM COAST FL 32137			F 5,				Addition	
TITLE NAME	MGRM GILLIAM, JASON R	□ •	MAM	1		50000326 -05/26/00	392 <u>0</u> 1	5 <u></u> 0	
STREET ADDRESS	138 PALM COAST PARKWAY	, SUITE 250		EET ADDRESS	,	-U5/25/UU ****50.1	BU ***9 01109.	010 :#50 100	
CITY-ST-ZIP	PALM COAST FL 32137			- ST- ZIP		**************************************	Change	Addition	
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STREET ADDRESS				EET ADDRESS				Ì	
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NAME STREET ADDRESS	•			EET ADDRESS					
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TITLE			letate TITL	E			☐ Change	☐ Addition	
MAME			NAM	l					
STREET ADDRESS CITY-ST-ZIP	, ,			EET ADDRESS '- ST- ZIP		•			
TITLE							☐ Change	Addition	
NAME			NAM						
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP		M. M. P. P.		7-81-ZIP	0	77/07/0 Fledde Otto at 15 20 -	oorlife, the state of	information	
11. I hereby c	certify that the information supplied	with this filing does not	quality for the exe	emption stated in S	Section 119.0	اری)(۱), Florida Statutes. I further	ceruly (nat the	iniorniation	

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 lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-28-00