

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004008

FILED
May 10, 2002 8:00 AM
Secretary of State

Entity Name: SPACE COAST INTERNET ALLIANCE, INC.

Current Principal Place of Business:

200 OCEAN AVE
#202
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

200 OCEAN AVE
#202
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-3598270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, SEAN
200 OCEAN AVE
STE 202
MELBOURNE BEACH, FL 32951

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHELAN, SEAN
Address: 200 OCEAN AVE STE 202
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STD () Delete
Name: AWTREY, HALA
Address: 680 BENTON DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: VD () Delete
Name: HALL, STEPHEN
Address: 4425 CROOKED MILE ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: DOWLING, GEORGE
Address: 249 POINCIANA DR
City-St-Zip: INDIAN HARBOUR, FL 32937

Title: D () Delete
Name: DODD, WARREN
Address: 1801 N WICKHAM RD STE 5
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: SCHUERGER, CHARLES
Address: 950 LEVITT PKWY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN PHELAN

PD

05/10/2002

Electronic Signature of Signing Officer or Director

Date