

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25362

1. Entity Name

SOUTHERNNET, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 PA AVE. NW  
WASHINGTON DC 20006  
US

1133 19TH STREET. N.W.  
STE. 0502/003  
WASHINGTON DC 20036-3604  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**500 Clinton Center Dr.**  
**Clinton, MS 39056**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

58-1416873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PRICE, T ☒ Delete  
STREET ADDRESS 1801 PA AVE. N.W.  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE P D CED  
NAME BERNARD EBBERS ☐ Change ☒ Addition  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE VGTC  
NAME NAGEL, WALTER ☐ Delete  
STREET ADDRESS 1133 19TH ST. N.W.  
CITY-ST-ZIP WASHINGTON DC 20036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SALSURY, MICHAEL ☐ Delete  
STREET ADDRESS 1801 PA AVENUE, N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME ST. JOHN, JONELLE ☒ Delete  
STREET ADDRESS 1801 PA AVENUE, NW  
CITY-ST-ZIP WASHINGTON DC

TITLE T  
NAME SCOTT SULLIVAN ☐ Change ☒ Addition  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

Date

Daytime Phone #

4/24/00 202-736-6000

V.P. & Gen. Tax Counsel

CR2E034 (9/99)