

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90411 040 ***150.00

A0068460

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25362

1. Entity Name

SOUTHERNNET, INC.

Principal Place of Business

Mailing Address

1133 19TH STREET NW
DEPT. 8408
WASHINGTON DC 20036
US

2. Principal Place of Business

500 CLINTON CENTER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLINTON

MS

City & State

4. FEI Number

58-1416873

Applied For

Not Applicable

Zip

39056

Country

US

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYES STREET
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, 2001 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

TITLE PD ☐ Delete
NAME EBBERS, BERNARD
STREET ADDRESS 500 CLINTON CENTER DRIVE
CITY - ST - ZIP CLINTON MS 39056

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

TITLE SD ☐ Delete
NAME SALSBUARY, MICHAEL
STREET ADDRESS 1133 19TH STREET
CITY - ST - ZIP WASHINGTON, DC 20036

TITLE T ☐ Delete
NAME SULLIVAN, SCOTT
STREET ADDRESS 500 CLINTON CENTER DRIVE
CITY - ST - ZIP CLINTON MS 39056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

04/26/01 202-736-6362

Date

Daytime Phone #