2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# P94000015979

Entity Name: PATHNET, INC.

Current Principal Place of Business:

300 BUTLER STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

300 BUTLER STREET
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0474927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONOFRY, GARY N
300 BUTLER STREET
WEST PALM BEACH, FL 33407 US

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SARA, ALAN MD
Address: 34 RABBITS RUN
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete
Name: ABIS, DAVID
Address: 14204 PARADISE POINT ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete
Name: LOFTON, STEVEN A MD
Address: 1128 SW CATALINA ST
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SARA, ALAN S MD
Address: 300 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD (X) Change ( ) Addition
Name: ABIS, DAVID
Address: 300 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD (X) Change ( ) Addition
Name: LOFTON, STEVEN A MD
Address: 300 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN S SARA PD 01/20/2004

Electronic Signature of Signing Officer or Director Date