

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103021

1. Entity Name

MOBILE AREA NETWORKS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90013 001 \*\*\*150.00

05-15-2000 90013 002 \*\*\*\*\*8.75

Principal Place of Business	Mailing Address
1275 LAKE HEATHROW LANE STE. 115 HEATHROW FL 32746	1275 LAKE HEATHROW LANE STE. 115 HEATHROW FL 32746-4398

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3482752	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONE, JAMES R  
1275 LAKE HEATHROW LANE STE. 115  
HEATHROW FL 32746

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBISH, GEORGE	NAME	
STREET ADDRESS	1275 LAKE HEATHROW LANE STE. 115	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, ROBERT	NAME	
STREET ADDRESS	1275 LAKE HEATHROW LANE STE. 115	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, JAMES R	NAME	
STREET ADDRESS	1275 LAKE HEATHROW LANE STE. 115	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, RUSSELL M	NAME	
STREET ADDRESS	1275 LAKE HEATHROW LANE STE 115	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>George Wimble</i>	4-27-2000	407-333-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)