

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000039856****1. Entity Name****BESTNET OF PALM COAST, INC.****Principal Place of Business**

4984 PALM COAST PARKWAY STE 7

PALM COAST
32137

FL

Mailing Address

4984 PALM COAST PARKWAY STE 7

PALM COAST
32137

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-3519029****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentELLINS ROBERT M
4984 PALM COAST PARKWAY STE 7PALM COAST
32137

FL

7. Name and Address of New Registered Agent**Name**

FRASSRAND KATHLEEN D

Street Address (P.O. Box Number is Not Acceptable)

4984 PALM COAST PARKWAY STE 7

City
PALM COAST

FL

Zip Code
32137**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 KATHLEEN D. FRASSRAND**

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

(NOTE: Registered Agent signature required when reinstating)

04/05/2000

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**

TITLE	SD	<input type="checkbox"/> Delete
NAME	PLASTINID EILEEN	
STREET ADDRESS	4984 PALM COAST PARKWAY STE 7	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FRASSRAND THOMAS	
STREET ADDRESS	4984 PALM COAST PARKWAY STE 7	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	VD	<input type="checkbox"/> Delete
NAME	FRASSRAND KATHLEEN	
STREET ADDRESS	4984 PALM COAST PARKWAY STE 7	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLINS ROBERT M	
STREET ADDRESS	4984 PALM COAST PARKWAY STE 7	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLASTINI EILEEN		
STREET ADDRESS	4984 PALM COAST PARKWAY STE 7		
CITY-ST-ZIP	PALM COAST FL 32137		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Kathleen D. Frassrand**

VD

04/05/2000