2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000039856

Entity Name: BESTNET OF PALM COAST, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
urrent Principal Place of Business:	New Principal Place of Busines

ST. JOE'S BUSINESS CENTER

4984 PALM COAST PARKWAY STE 7

PALM COAST, FL 32137

ST. JOE'S BUSINESS CENTER

4982 PALM COAST PARKWAY STE 3

PALM COAST, FL 32137

Current Mailing Address:

ST. JOE'S BUSINESS CENTER 4984 PALM COAST PARKWAY STE 7 PALM COAST, FL 32137

FEI Number: 59-3519029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

TENAMENT STATE OF STA

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRASSRAND, KATHLEEN D ST. JOE'S BUSINESS CENTER 4984 PALM COAST PARKWAY PALM COAST, FL 32137 US FRASSRAND, KATHLEEN D ST. JOE'S BUSINESS CENTER 4982 PALM COAST PARKWAY, #3 PALM COAST, FL 32137 US

New Mailing Address:

PALM COAST, FL 32137

ST. JOE'S BUSINESS CENTER

4982 PALM COAST PARKWAY STE 3

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 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 ELLINS, ROBERT M

 Address:
 117 BRADDOCK LANE

 City-St-Zip:
 PALM COAST, FL 32137

Title: VP () Delete
Name: ELLINS, DONNA

Name: ELLINS, DONNA
Address: 117 BRADDOCK LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Name: Address: City-St-Zip:

Title:

Title: () Change () Addition

Name: Address: City-St-Zip:

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: ROBERT M. ELLINS PD 04/29/2003