

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073737

1. Entity Name

GULFSTREAM NETWORKS CORPORATION

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90049 008 ***150.00

Principal Place of Business	Mailing Address
11434 COURTNEY WATERS LANE JACKSONVILLE FL 32258 US	11434 COURTNEY WATERS LANE JACKSONVILLE FL 32258-2564 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	215 North Eola Drive

City & State	City & State
	Orlando, Florida
Zip	Country
32803	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3529546	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEST, BRADFORD D 215 NORTH EOLA DRIVE ORLANDO FL 32801	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D WALKER, PETER J 10023 BELLE RIVE BLVD, #819 JACKSONVILLE FL 32256	
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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: Peter J. Walker **REQUIRED** 1/5/99 904 PR6-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Peter J. Walker, President

CR2E034 (9/99)