

**2001 UNIFORM BUSINESS REPORT (UBR)**

S/1

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90061 030 \*\*\*150.00

**DOCUMENT # P99000032371**

1. Entity Name  
**CGM.NET INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**120 UNIVERSITY PARK DRIVE #150** **120 UNIVERSITY PARK DRIVE #150**  
**WINTER PARK FL 32792** **WINTER PARK FL 32792**

47772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**4037 METRIC DRIVE** **4037 METRIC DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 120** **SUITE 120**

City & State City & State  
**WINTER PARK, FL** **WINTER PARK, FL**  
 Zip County Zip County  
**32792 USA** **32792 USA**

4. FEI Number **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**VECCIA, DENNIS P**  
**120 UNIVERSITY PARK DRIVE #150**  
**WINTER PARK FL 32792**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when relocating)

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>VECCIA, DENNIS P</b>	
STREET ADDRESS	<del><b>120 UNIVERSITY PARK DR, STE 150</b></del>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4037 metric Dr., STE 120</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, within all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/01** **407-384-4000**  
**27686**

CR2E034 (10/00)

Attachment  
#199100092971  
47772

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**COM.NET INTERNATIONAL, INC**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**4037 METRIC DRIVE, Suite 120**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
**WINTER PARK, FL 32792**

5b City, state, and ZIP code

6 County and state where principal business is located  
**ORANGE, FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► **12-30-2091**  
**DIENNIS P VECCIA**

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Other nonprofit organization (specify) ►

Other (specify) ►

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify) ► **C CORP**

Trust

Federal Government/military

Personal service corp.

Limited liability co.

National Guard

Farmers' cooperative

Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ►

Banking purpose (specify) ►

Changed type of organization (specify) ►

Purchased going business

Created a trust (specify) ►

Hired employees

Created a pension plan (specify type) ►

Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**4/8/1999**

11 Closing month of accounting year (See instructions.)  
**12/24**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► **None**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . . . ►

Nonagricultural	Agricultural	Household
<b>None</b>	<b>None</b>	<b>None</b>

14 Principal activity (See instructions.) ► **TELECOMMUNICATIONS**

15 Is the principal business activity manufacturing? . . . . .  Yes  No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)

Public (retail)  Other (specify) ►  N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

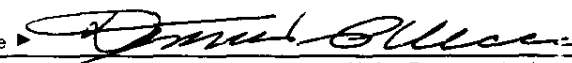
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **DIENNIS P VECCIA, SECRETARY TREASURER**

Business telephone number (include area code)  
**407-384-4400 x1606**

Fax telephone number (include area code)  
**407-384-4444**

Signature  Date ► **5/29/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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