

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90102 037 ***150.00

DOCUMENT # **P99000081952**

1. Entity Name
 US Politics.Net, Inc. ✓

Principal Place of Business
 6108 Village Oaks Drive
 Suite B
 Pensacola, FL 32504

Mailing Address

80101428

2. Principal Place of Business
 6108 Village Oaks Drive
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address
 6108 Village Oak Drive
 Suite, Apt. #, etc.
 Suite B

DO NOT WRITE IN THIS SPACE

City & State
 Pensacola, FL 32504
 Zip
 32504

Country
 US

City & State
 Pensacola, FL 32504
 Zip
 32504

Country
 US

4. FEI Number
 59-3615729

Applied For
 Not Applicable

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

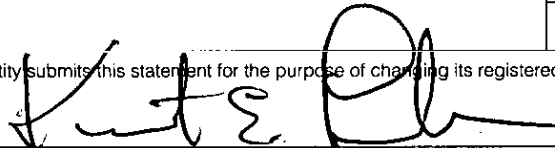
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kenneth E. Lamb
 6108 Village Oaks Drive, Suite B
 Pensacola, FL 32504

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 **5/15/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

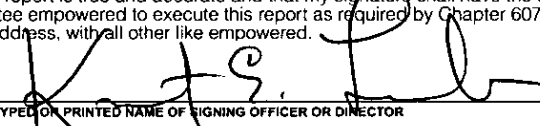
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Kenneth E. Lamb	
STREET ADDRESS	3798 Summer Drive	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Edgar L. Allison, III	
STREET ADDRESS	1121 Soundview Trail	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	CTO	<input type="checkbox"/> Delete
NAME	Kathie Wells	
STREET ADDRESS	830 Shadow Ridge Drive	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	VP-Marketing	<input type="checkbox"/> Delete
NAME	George Scarborough	
STREET ADDRESS	4400 Bayou Blvd, Suite 13D	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date **5/15/00** Phone # **(850) 478-9776**

CR2E034 (9/99)