

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90042 049 \*\*\*150.00

**DOCUMENT # F99000004356**

1. Entity Name  
**WORLDWIDE FIBER NETWORKS, INC.**

Principal Place of Business Mailing Address  
 1575 DELUCCHI LANE, SUITE 224 1575 DELUCCHI LANE, SUITE 224  
 RENO NV 89502 RENO NV 89502-8521

00000106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**143 Union Blvd 143 Union Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 300 Suite 300**

City & State City & State  
**Lakewood CO Lakewood CO**

Zip Country Zip Country  
**80228 Jefferson 80228 Jefferson**

4. FEI Number **84-1496451** 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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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. **N/A**

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)   
**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 **PD**  Delete  
 NAME **THARP, JERRY**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE **Senior V.P.**  Change  Addition  
 NAME **David Love**  
 STREET ADDRESS **1575 Delucchi Lane, Ste 224**  
 CITY-ST-ZIP **Reno, NV 89502**

TITLE **VSD**  Delete  
 NAME **STEVENSON, RON**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE **General Counsel**  Change  Addition  
 NAME **Patrick Summers**  
 STREET ADDRESS **1575 Delucchi Lane, Ste 224**  
 CITY-ST-ZIP **Reno, NV 89502**

TITLE **DCEO**  Delete  
 NAME **LEDE, DAVID**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE **Financial Controller**  Change  Addition  
 NAME **Carmen Prollinger**  
 STREET ADDRESS **1575 Delucchi Lane, Ste 224**  
 CITY-ST-ZIP **Reno, NV 89502**

TITLE **DCOO**  Delete  
 NAME **LEDE, CLIFFORD**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **V**  Delete  
 NAME **MANDRUSIAK, JOHN**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VD**  Delete  
 NAME **STOW, STEPHEN**  
 STREET ADDRESS **1575 DELUCCHI LANE, SUITE 224**  
 CITY-ST-ZIP **RENO NV 89502**

TITLE \_\_\_\_\_  Change  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: **X** **David R. Love, Sr. Vice Pres.** **2/18/00** **(303) 987-1770**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)