

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

0147837
AB

DOCUMENT # **F99000004356**

1. Entity Name
360NETWORKS (USA) INC.



07-31-2003 90070 014 ***550.00



Principal Place of Business
**12202 AIRPORT WAY
SUITE 300
BROOMFIELD CO 80021
US**

Mailing Address
**12202 AIRPORT WAY
SUITE 300
BROOMFIELD CO 80021
US**

2. Principal Place of Business
867 Coal Creek Circle

3. Mailing Address
867 Coal Creek Circle

Suite, Apt. #, etc.
Suite 160

City & State
Louisville, CO

CHECK HERE IF MAKING CHANGES

4. FEI Number **84-1496451**

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAFFEI, GREGORY 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDCO BYRD, JIMMY 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS SUMMERS, PATRICK 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SIEG, GREGORY E 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR HART, JAYNE 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATMAN, VANESSA 12202 AIRPORT WAY, SUITE 300 BROOMFIELD CO 80021 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 867 Coal Creek Circle Suite 160 Louisville, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V P D, G.C. 867 Coal Creek Circle Suite 160 Louisville, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 867 Coal Creek Circle Suite 160 Louisville, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GC + Secretary Lin Gentemann 867 Coal Creek Circle Suite 160 Louisville, CO 80027

12. I hereby certify that the information supplied with this filing does not qualify for the exemption set forth in Section 607.01, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vanessa Watman* **REQUIRED** **7-29-03** **303-854-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80134936
F99000004356

360networks (USA) inc.
867 Coal Creek Circle
Suite 160
Louisville, Colorado
80027

(t) 303.854.5000
(f) 303.854.5100
www.360.net

July 29, 2003



Florida Dept. of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Uniform Business Report
360networks (USA) inc.

Dear administrator:

360networks (USA) inc. hereby submits its Uniform Business Report. Enclosed with this submittal is check number 4141 in the amount of \$550.00, made payable to the Florida Department of State, as payment for the required filing fee.

If you have any questions regarding this submittal, please contact me directly at 303-854-5210.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C Forst'.

Charles Forst
Paralegal