

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000880

1. Entity Name

IDT FUND LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

175 W CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 W CAMINO REAL
BOCA RATON FL 33432-5941

2. Principal Place of Business

399 S. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

399 S. FEDERAL HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

Applied For

Not Applicable

Zip

33432

Country

Zip

33432

Country

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

FEINGOLD, DAVID J

3300 P.G.A. BLVD., STE 410

PALM BEACH GARDENS FL 33432

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

9. Capital Contributions
as Shown on record.

2,185,163.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,185,163.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000004575
NAME IDT FUNDING CORPORATION
STREET ADDRESS 3300 P.G.A. BLVD., STE 410
CITY - ST - ZIP PALM BEACH GARDENS FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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****526.00 ****526.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)