

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90018 009 ***150.00

DOCUMENT # P00902

1. Entity Name
E-TALK CORPORATION

Principal Place of Business

Mailing Address

4040 W ROYAL LANE
STE 100
IRVING TX 75063
US

4040 W ROYAL LANE
STE 100
IRVING TX 75063
US

2. Principal Place of Business

3. Mailing Address

4040 W. Royal Ln.

4040 W. Royal Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ste. 100

ste. 100

City & State

City & State

Irving, TX

Irving, TX

Zip

Country

Zip

Country

75063

USA

75063

USA

6. Name and Address of Current Registered Agent

4. FEI Number **74-2271956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(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, 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 ☒ Delete
NAME **PCD**
STREET ADDRESS **TAMER, MICHAEL J.**
CITY-ST-ZIP **4040 W ROYAL LANE #100**
IRVING TX 75063-2825

TITLE ☐ Change ☒ Addition
NAME **PCDT**
STREET ADDRESS **Thomas Inglesby**
CITY-ST-ZIP **12 E 49th Street**
NY, NY 10013

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **ANTHONY, CYNTHIA S.**
CITY-ST-ZIP **4040 W ROYAL LANE #100**
IRVING TX 75063-2825

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Patti Brown**
CITY-ST-ZIP **4040 W Royal Ln. ste. 100**
Irving, TX 75063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **William Foster**
CITY-ST-ZIP **32 Saddlebrook Rd**
Sherborn, MA 01770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas V Inglesby

Thomas V Inglesby

3-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)