

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 018 ***150.00

DOCUMENT # **P01000028179**



1. Entity Name
IDT GROUP, INC.

Principal Place of Business
**1200 N FEDERAL HWY
STE 200
BOCA RATON FL 33432**

Mailing Address
**1200 N FEDERAL HWY
STE 200
BOCA RATON FL 33432**



2. Principal Place of Business

7667 W Sample Rd

Suite, Apt. #, etc.
254

City & State
Coral Springs FL

Zip
33065

Country

3. Mailing Address

7667 W. Sample Rd

Suite, Apt. #, etc.
254

City & State
Coral Springs FL

Zip
33065

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1090782**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FEINGOLD, DAVIUD J ESQ
FEINGOLD & KAM, LLC
3300 PGA BLVD, STE 410
PALM BEACH GARDENS FL 33410**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	SILVERMAN, DARREN	
STREET ADDRESS	1515 S FEDERAL HWY, STE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darren Silverman	
STREET ADDRESS	7667 W. Sample Rd # 254	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	VP Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN ZAUSNER	
STREET ADDRESS	7667 W Sample Road # 254	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristain Baso	
STREET ADDRESS	7667 W Sample Road # 254	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SILVERMAN** **Silverman** **1/21/03** **800-424-5271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)