

2001 UNIFORM BUSINESS REPORT (UBR)

0007262 AF

DOCUMENT # A00000000963

1. Entity Name

IDT FUND C, LTD.

Principal Place of Business

3300 PGA BLVD., STE 410
PALM BEACH GARDENS FL 33410

Mailing Address

3300 PGA BLVD., STE 410
PALM BEACH GARDENS FL 33410

FILED

01 MAR -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 210

City & State

Boca Raton, FL

3. Mailing Address

1515 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 210

City & State

Boca Raton, FL

4. FEI Number

65-1017037

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

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 PGA BLVD., STE 410

PALM BEACH GARDENS FL 33410

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.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100,000.00

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 CORP.
STREET ADDRESS ORISSA HOUSE EAST BAY STREET
CITY-ST-ZIP NASSAU, BAHAMAS

STREET ADDRESS

CITY-ST-ZIP

500003803165-9

03/05/01 01115-012

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, F.S. 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 by the general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Please
Sign & Date

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

800-424-5271

Date

Daytime Phone #

CR2E003 (11/00)