2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # F00000002323 **Secretary of State** 1. Entity Name **EUREKA BROADBAND CORPORATION** 03-06-2001 90289 020 ***150.00 Principal Place of Business Mailing Address 270 MADISON AVE., 6TH FLOOR 270 MADISON AVE., 6TH FLOOR NEW YORK NY 10016 NEW YORK NY 10016 64030735 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1506004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) , 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE ☐ Delete TITLE GINSBURG, JEFFREY E NAME NAME Joseph P. Gillette,6th Floor STREET ADDRESS 270 MADISON AVE., 6TH FLOOR STREET ADDRESS 270 Madison Ave., NY, NY 10016 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** Change ☐ Addition ☐ Delete TITLE TITLE P/D VANECH, ROBERT W NAME NAME Vanech, Robert W. STREET ADDRESS STREET ADDRESS 270 MADISON AVE., 6TH FLOOR 270 Madison Ave., 6Fl., NY, NY 10016 CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10016** ☐ Change TITLE. ☐ Delete TITLE C00/D NAME~ SIMMONS.-CHRISTOPHER W. NAME - --Martynek, Raul K. STREET ADDRESS 270 MADISON AVE., 6TH FLOOR STREET ADDRESS 39 Broadway, 19 Fl., NY, NY 10006 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10016 Change Addition TITLE ☐ Delete TITLE Ð APPLEGATE, BRION B NAME NAME Planitzer, Russell E. STREET ADDRESS STREET ADDRESS 333 MIDDLEFIELD ROAD 30 Rockefeller Pl., 61Fl,NY,NY,10020 CITY-ST-ZIP CITY-ST-ZIP MENLOW PARK CA ☐ Change 🛱 Addition TITLE ☐ Delete TITLE ELLISON, SCOTT Robert Shiver STREET ADDRESS STREET ADDRESS 333 MIDDLEFIELD ROAD 99 Park Ave., 18 Fl., NY, NY 10016 CITY-ST-ZIP CITY-ST-ZIP MENLOW PARK CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE DOUGLAS, NEAL NAME NAME David Ellen & C STREET ADDRESS 333 MIDDLEFIELD ROAD STREET ADDRESS 270 Madison Ave., 6Fl., NY, NY 10016 CITY-ST-ZIP CITY-ST-ZIP **MENLOW PARK CA**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/16/01

212-404-5000