

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90234 048 \*\*\*550.00

**DOCUMENT #** F00000003399 *NC Filed 12/8/2000 SW*

**1. Entity Name**  
 PT-I Long Distance, Inc.

**Principal Place of Business**  
 280 Park Avenue, West Bldg., 28th Floor, New York, NY 10017

**Mailing Address**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 13-4119107

**Applied For**  
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

00073090

**6. Name and Address of Current Registered Agent**  
 TCS Corporate Services, Inc.  
 1406 Hays Street  
 Tallahassee, FL 32301

**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.

**SIGNATURE** \_\_\_\_\_ (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**

<b>TITLE</b> President/Director	<input type="checkbox"/> Delete
<b>NAME</b> Gary Wasserson	
<b>STREET ADDRESS</b> 280 Park Avenue, West Bldg., 28th Floor, New York, NY 10017	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> Secretary	<input checked="" type="checkbox"/> Delete
<b>NAME</b> Jamie Warner	
<b>STREET ADDRESS</b> 280 Park Avenue, West Bldg., 28th Floor, New York, NY 10017	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> Bridget O'Connor	
<b>STREET ADDRESS</b> 280 Park Avenue, West Bldg., 28th Floor, New York, NY 10017	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> CEO/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> Allan Silber	
<b>STREET ADDRESS</b> 280 Park Avenue, West Bldg., 28th Floor, New York, NY 10017	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:** \_\_\_\_\_ **6/20/01 858-547-3474**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)