

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90082 009 ***150.00

DOCUMENT # F00000004136

1. Entity Name
ZONE TELECOM, INC.



Principal Place of Business
**200 LAKE DR EAST SUITE 200
CHERRY HILL NJ 08002**

Mailing Address
**200 LAKE DR EAST SUITE 200
CHERRY HILL NJ 08002**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3520968**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BULAWA, DERRICK**
STREET ADDRESS **191 JAVA ROAD, SUITE 2101-3, K. WAH CENTRE**
CITY-ST-ZIP **NORTH POINT, HONG KONG**

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

TITLE **T** ☒ Delete
NAME **CHENG, JEFFREY**
STREET ADDRESS **191 JAVA ROAD, SUITE 2101-3, K. WAH CENTRE**
CITY-ST-ZIP **NORTH POINT, HONG KONG**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Terry Metzger**
CITY-ST-ZIP **200 Lake Dr East Ste 200**
Cherry Hill, NJ 08002

TITLE **VS** ☐ Delete
NAME **BLOOM, LAWTON**
STREET ADDRESS **279 HARVARD AVE., #21**
CITY-ST-ZIP **CAMBRIDGE MA 02139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 Lake Dr East Ste 200**
CITY-ST-ZIP **Cherry Hill, NJ 08002**

TITLE **AS** ☐ Delete
NAME **POHL, STEVEN D**
STREET ADDRESS **ONE FINANCIAL CENTER**
CITY-ST-ZIP **BOSTON MA 02111**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

Daytime Phone #

CR2E034 (10/02)