


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90024 032 ***150.00

DOCUMENT # F00000005154 1. Entity Name BROADVIEW NETWORKS, INC.	
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Principal Place of Business 800 WESTCHESTER AVENUE SUITE N501 RYE BROOK, NY 10573	Mailing Address 2100 RENAISSANCE BOULEVARD KING OF PRUSSIA, PA 19406
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

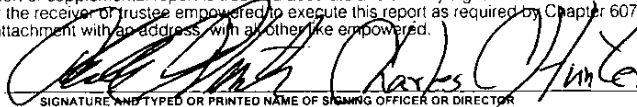
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ROBINSON, MICHAEL K 800 WESTCHESTER AVENUE, SUITE N501 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA RINKER, COREY 800 WESCHESTER AVENUE, SUITE N501 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HUNTER, CHARLES C 800 WESTCHESTER AVENUE, SUITE N501 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR TUNNEY, STEVEN F 800 WESTCHESTER AVENUE, SUITE N501 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **1/14/08** **914-922-7589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #