

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90050 015 ***150.00

DOCUMENT # F01000000924

1. Entity Name
NEOWORLD COMMUNICATIONS INC.

Principal Place of Business

**1515 BROAD STREET
 BLOOMFIELD NJ 07003**

Mailing Address

**1515 BROAD STREET
 BLOOMFIELD NJ 07003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2829605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
 526 EAST PARK AVE.
 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 *[Signature]*

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

(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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAULEY, BRIAN D	
STREET ADDRESS	FOUR MEADOW LANE	
CITY-ST-ZIP	SADDLE RIVER NJ 07458	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRESCATORE, JOHN	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ 36111	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOYD, ELBY	
STREET ADDRESS	1099 BONESET DRIVE	
CITY-ST-ZIP	CRYSTAL LAKE IL 60014	
TITLE	V	<input type="checkbox"/> Delete
NAME	DASKALAKIS, ANDY	
STREET ADDRESS	8800 BRADLEY BLVD.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	V.	<input type="checkbox"/> Delete
NAME	DECOSMO, STAN	
STREET ADDRESS	2440 CROSS CREEK LANE	
CITY-ST-ZIP	ESCONDIDO CA 92025	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	MOLLMAN, ERIC	
STREET ADDRESS	911 EUCLID AVENUE	
CITY-ST-ZIP	WINNETKA IL 60093	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ASSIT. SECRETARY, CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POH, ANN	
STREET ADDRESS	42 QUAIL RUN, WARREN, NJ 07059	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLMAN, ERIC	
STREET ADDRESS	17 OAK KNOLL RD	
CITY-ST-ZIP	SUMMIT, NJ 07901	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCATORE, JOHN	
STREET ADDRESS	18 STONE HILL RD	
CITY-ST-ZIP	WAYNE, NJ 07470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02

973-771-0301

CR2E034 (9/01)