

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90023 017 \*\*\*150.00

06/19/26 MB

**DOCUMENT # F01000003256**

1. Entity Name  
**CITYNET U.S. OPERATING COMPANY**



Principal Place of Business  
**C/O CITYNET TELECOMMUNICATIONS, INC.  
8403 COLESVILLE ROAD, 14TH FLOOR  
SILVER SPRING MD 20910**

Mailing Address  
**C/O CITYNET TELECOMMUNICATIONS, INC.  
8403 COLESVILLE ROAD, 14TH FLOOR  
SILVER SPRING MD 20910**



2. Principal Place of Business  
**8405 Colesville Road**

3. Mailing Address  
**8405 Colesville Road**

Suite, Apt. #, etc.  
**6th Floor**

Suite, Apt. #, etc.  
**6th Floor**

City & State  
**Silver Spring, Maryland**

City & State  
**Silver Spring, Maryland**

Zip  
**20910**

Country  
**U.S.A.**

Zip  
**20910**

Country  
**U.S.A.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2292043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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. 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**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>ABERNATHY, VICKI S<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BERGER, ROBERT G<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>PARDO, EMILIO L<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO<br/>HOOPES, DEBRA R<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>MARCUS, MONIQUE<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DODD, STEVEN L<br/>8403 COLESVILLE ROAD, 14TH FLOOR<br/>SILVER SPRING MD 20910</b> <input checked="" type="checkbox"/> Delete     |

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

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>Director<br/>Emilio L. Pardo<br/>8405 Colesville Road, 6th Floor<br/>Silver Spring, Maryland 20910</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>Monique L. Marcus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>8405 Colesville Road, 6th Floor<br/>Silver Spring, Maryland 20910</b>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/>Mark R. Perkell<br/>8405 Colesville Road, 6th Floor<br/>Silver Spring, Maryland 20910</b>                       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/09/03 304-608-2131**

Date

Daytime Phone #

CR2E034 (10/02)