

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90323 018 \*\*\*150.00

0661076 AR

**DOCUMENT # F01000005051**

1. Entity Name  
**ORIGIN COMMUNICATIONS, INC.**



Principal Place of Business  
**1225 JEFFERSON RD. STE 200  
ROCHESTER NY 14623**

Mailing Address  
**1225 JEFFERSON RD. STE 200  
ROCHESTER NY 14623**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1479143**

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

**MARCIARO, LOU A  
2308 FOXTRAIL DR.  
WEST PALM BEACH FL 33415**

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 **CEO** ☐ Delete  
NAME **FILER, TED**  
STREET ADDRESS **1225 JEFFERSON RD, STE 200**  
CITY-ST-ZIP **ROCHESTER NY 14623**

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

TITLE **D** ☐ Delete  
NAME **KJUNG, BRECK**  
STREET ADDRESS **1225 JEFFERSON RD, STE 200**  
CITY-ST-ZIP **ROCHESTER NY 14623**

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

TITLE **S** ☐ Delete  
NAME **ANDERSON, T. VALFRID**  
STREET ADDRESS **8424A SANTA MONICA BLVD #813**  
CITY-ST-ZIP **WEST HOLLYWOOD CA 90069**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2136 Sunset Crest Drive**  
CITY-ST-ZIP **Cos Angeles, CA 90046**

TITLE **D** ☐ Delete  
NAME **COOPER, KEVIN**  
STREET ADDRESS **3820 31ST AVENUE WEST**  
CITY-ST-ZIP **SEATTLE WA 98199**

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**

**Ted Filer**

**4/18/03**

**(585)350-0000**

Date

Daytime Phone #

CR2E034 (10/02)