



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90035 041 \*\*\*150.00

<b>DOCUMENT # F02000005482</b> 1. Entity Name <b>ENTRIX TELECOM, INC.</b>					
Principal Place of Business <b>520 BROAD STREET NEWARK, NJ 07102</b>			Mailing Address <b>50 ROCKEFELLER PLAZA STE. 1022 NEW YORK, NY 10020</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>520 Broad Street</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>NEWARK, NJ</b> Zip      Country		4. FEI Number <b>04-3712683</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LICHTENSTEIN, MORRIS</b> <b>520 BROAD STREET</b> <b>NEWARK, NJ 07102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAURO, DOUG</b> <b>520 BROAD STREET</b> <b>NEWARK, NJ 07102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ROSENBERG, NORMAN</b> <b>520 BROAD STREET</b> <b>NEWARK, NJ 07102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>NORMAN ROSENBERG</b> <b>7/21/04</b> <b>(973) 438-4001</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

Attachment



54064910  
# FO 2000005482

**IDT Corporation**  
520 Broad Street  
Newark, NJ 07102 USA  
973 438/1000  
973 438/1503  
www.idt.net

July 23, 2004

Via DHL Express  
Secretary of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: Entrix Telecom, Inc.

Dear Sirs:

On behalf of Entrix Telecom, Inc., enclosed please find the 2004 Annual Report and filing fee of \$150.00.

If you have any question with respect to this filing, please do not hesitate to contact me at (212) 547-5547.

Sincerely yours,

A handwritten signature in cursive script that reads 'Marni Chorzewski'.

Marni Chorzewski  
Administrative Assistant