FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortbam Secretary of State

DIVISION OF CORPORATIONS

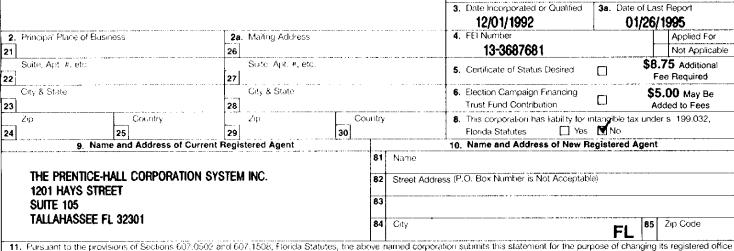
1996

DOCUMENT # F9200000436 (7)

NATIONAL TELECOMMUNICATION SERVICES GROUP, INC.

Principal Place of Business Multing Address

26 BROADWAY - SUITE 400 NEW YORK NY 10004 26 BROADWAY - SUITE 400 NEW YORK NY 10004



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes.

SIGNAT	LIFRE

12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T-TLE	PCD	[] 0[181E	1 1 THLF	Change Addition
NAME	SANTORO, FRANK		1.2 NAME	
SPREET ADDRESS	201 CONNETQUOT ROAD		1.3 STHEET ADDRESS	
City St. Z.P	OAKDALE NY 11769		1.4 CBY - ST - ZIP	
TILE	\$	DECE 16	2 1 TIILE	Change Addit on
NAME	WOODS, JAMES R III		2.2 NAME	
STREET ADDRESS	421 ABBOTT RD		2.3 STREET ADORESS	
6-15 ST-20P	PARAMUS NJ		2.4.0(Ey - ST - ZIP	
1: f L E	T	☐ DELETE	3 1 1/105	Change Addition
NAME	BUCCELLA, MICHAEL		3.2 NAME	
STREET ADDRESS	65 TENAFLY DRIVE		3.3 STREET ADDRESS	
C ^{(T} 1 - S ⁺ Z(P)	NEW HYDE PARK NY 11040		3.4 Cify - \$1 - 7iP	
TILE		[] DELETE	4 UTALÉ	Change 🔲 Addition
NAME:			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
O(Tr - Sf - Z P			4.4.0(TY+S1+Z)E	
Ti^LE		[] DELETE	5 1 T I (F	Change Addition
NAM5			5.2 NAME	
STHEET ACTES NO			5.3 SPREED ADDRESS	
Off \$1-72			5.4 C(Tr - ST - 7/f)	
Ti'LF		D SELETE	6 1 TillE	Change Addition
NAME.			6.2 NAME	
STREET ACOMESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			640HY ST ZP	

14. If do hereby cert fy that the information supplied with tris fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Florida Statutes. I further certify that the information indicated on this partial report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under cath, that I am an office 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 12 or byok 13 to entiriges, or on the algorithms and dress.

SIGNATURE:

MIS WOOSTH JAMES R

WOODS /11

1/20/96 (212)8377960

CR2E034 (12/95)