

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002266**

1. Entity Name

TLDP COMMUNICATIONS, INC.

Principal Place of Business

**200 CHURCH STREET
BURLINGTON VT 05402**

Mailing Address

**POST OFFICE BOX 1049 200 CHURCH ST
BURLINGTON VT 05401-4621
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., STE. 900
MIAMI FL 33131**

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, 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, 2000 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	PC	<input type="checkbox"/> Delete
NAME	KNISBACHER, MITCHELL	
STREET ADDRESS	200 CHURCH STREET	
CITY-ST-ZIP	BURLINGTON VT 05402	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KNISBACHER, MITCHELL	
STREET ADDRESS	200 CHURCH STREET	
CITY-ST-ZIP	BURLINGTON VT 05402	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GREENHAUS, DAVID	
STREET ADDRESS	200 CHURCH ST	
CITY-ST-ZIP	BURLINGTON VT	
TITLE	S	<input type="checkbox"/> Delete
NAME	ODE, PAUL H JR.	
STREET ADDRESS	199 MAIN STREET	
CITY-ST-ZIP	BURLINGTON VT 05401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

(802) 865-6019

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 043 ***150.00

00008708



DO NOT WRITE IN THIS SPACE