

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004467

1. Entity Name
SRT TELECOMMUNICATIONS LIMITED CORPORATION

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90010 009 ***550.00

Principal Place of Business
300 S. PINE ISLAND ROAD.. STE 308
PLANTATION FL 33324

Mailing Address
300 S. PINE ISLAND ROAD.. STE 308
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **84-1318046**
Applied For
Not Applicable

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

~~C-T CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COUCHMAN, RONALD W	
STREET ADDRESS	648 MAIN RD	
CITY-ST-ZIP	HUDSON HEIGHTS QUEBEC CANADA JOP -1J0	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRIS, MICHAEL J	
STREET ADDRESS	102 RUE DORAL	
CITY-ST-ZIP	ILE BIZARD, QUEBEC CANADA H9E- 1R9	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROSS, DOUGLAS G	
STREET ADDRESS	9250 SW 9TH COURT	
CITY-ST-ZIP	PLANTATION-FL 33324	
TITLE	AST	<input type="checkbox"/> Delete
NAME	D'ARCY, LEDDY J	
STREET ADDRESS	118 AMBERLEY CRESCENT	
CITY-ST-ZIP	POINTE CLAIRE QUEBEC CANANDA H9R -1S7	
TITLE	S	<input type="checkbox"/> Delete
NAME	BYRNE, THOMAS F	
STREET ADDRESS	978 ROYAL YORK RD.	
CITY-ST-ZIP	ETOBICOKE ONTARIO CANADA M8X -2E9	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

August 5, 2000 (514) 335-2429
Date Daytime Phone #

Darcy Leddy

CR2E034 (5/00)