


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90067 014 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000001058

1. Corporation Name

NORTH AMERICAN COMMUNICATIONS CONTROL, INC.



|   |   |
|---|---|
| Principal Place of Business<br>114 EAST 32ND STREET<br>SUITE 401<br>NEW YORK NE 10016<br>US | Mailing Address<br>114 EAST 32ND STREET<br>SUITE 401<br>NEW YORK NE 10016<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Country<br>29                        | Zip<br>30                 |

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

11-3150961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | SVP                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CACCAMO, FRANK             | 1.2 NAME  |   |
| STREET ADDRESS             | 599 6TH AVE                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | EAST NORTHPORT NY 11731    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DCEO                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GLUCK, JACK                | 2.2 NAME  |   |
| STREET ADDRESS             | 333 ISLAND AVE.            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WOODMERE NY 11598          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DC                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRAGIN, GARY S             | 3.2 NAME  |   |
| STREET ADDRESS             | 64 OSBORNE RD              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HARRISON NY 10528          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | President                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | James Milana               | 4.2 NAME  |   |
| STREET ADDRESS             | 338 E Wood Road            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | East Northport, N.Y. 11731 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 5.2 NAME  |   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 6.2 NAME  |   |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2/3/99

(212) 447-6262

Date

Daytime Phone #

CR2E034 (11/98)