

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 049 ***150.00

DOCUMENT # F96000001423

1. Entity Name
A.R.C. NETWORKS, INC.



Principal Place of Business
**175 PINELAWN ROAD
STE 408
MELVILLE, NY 11747 US**

Mailing Address
**175 PINELAWN ROAD
STE 408
MELVILLE, NY 11747 US**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3240814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARRINELLO, PETER F
STREET ADDRESS	1333 BROADWAY 10 FLOOR
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	CEO
NAME	GREGORI, JOSEPH
STREET ADDRESS	175 PINELAWN RD STE 408
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	T
NAME	MAMBUCA, FRANCINE
STREET ADDRESS	175 PINELAWN RD STE 408
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VPSM
NAME	KAROCZKAI, PETER
STREET ADDRESS	1333 BROADWAY 10 FLOOR
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	SD
NAME	SAIDENBERG, EDWARD
STREET ADDRESS	175 PINELAWN RD SUITE 408
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Francine Mambuca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francine Mambuca

4/28/04

Date

631-249-1616

Daytime Phone #