

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001423

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

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

175 PINELAWN ROAD
STE 408
MELVILLE, NY 11747 US

New Principal Place of Business:

Current Mailing Address:

175 PINELAWN ROAD
STE 408
MELVILLE, NY 11747 US

New Mailing Address:

FEI Number: 11-3240814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARRINELLO, PETER F
Address: 1333 BROADWAY 10 FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: CEO () Delete
Name: GREGORI, JOSEPH
Address: 175 PINELAWN RD STE 408
City-St-Zip: MELVILLE, NY 11747

Title: T () Delete
Name: MAMBUCA, FRANCINE
Address: 175 PINELAWN RD STE 408
City-St-Zip: MELVILLE, NY 11747

Title: VPSM () Delete
Name: KAROCZKAI, PETER
Address: 1333 BROADWAY 10 FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: SD () Delete
Name: SAIDENBERG, EDWARD
Address: 175 PINELAWN RD SUITE 408
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE MAMBUCA

T

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date