


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 050 \*\*\*150.00  
08-22-2006 90029 046 \*\*\*400.00

<b>DOCUMENT #</b> F96000001423	
1. Entity Name <b>A.R.C. Networks, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>39 Broadway 19th Floor</b>		3. Mailing Address <b>39 Broadway 19th Floor</b>	
Suite, Apt. #, etc. <b>19th floor</b>		Suite, Apt. #, etc. <b>19th floor</b>	
City & State <b>New York, NY 10006</b>		City & State <b>New York, NY 10006</b>	
Zip <b>10006</b>	Country	Zip <b>10006</b>	Country

4. FEI Number <b>11-3240814</b>	Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>
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**50025905**

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Telecom Compliance Services, Inc.</b>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<b>515 East Park Ave</b>	
	City <b>Tallahassee</b>	FL Zip Code <b>32301</b>

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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when appointing)</small>		DATE
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and CEO</b> <b>Raul Martynok</b> <b>39 Broadway 19th Floor</b> <b>New York, NY 10006</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Adam Lewis</b> <b>39 Broadway 19th Floor</b> <b>New York, NY 10006</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, CFO</b> <b>Ed Kazar</b> <b>39 Broadway 19th Floor</b> <b>New York, NY 10006</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **Adam Lewis** **07/17/06** **212-404-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)