

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90052 012 ***150.00

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



Principal Place of Business
39 BROADWAY 19TH FLOOR
19TH FLOOR
NEW YORK, NY 10006 US

Mailing Address
39 BROADWAY 19TH FLOOR
19TH FLOOR
NEW YORK, NY 10006 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

TELECOM COMPLIANCE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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. 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PCEO
MARTYNEK, RAUL
STREET ADDRESS
39 BROADWAY 19TH FLOOR
CITY-ST-ZIP
NEW YORK, NY 10006 ☐ Delete

TITLE
NAME
chairman
JEFF Ginsberg
STREET ADDRESS
39 Broadway 19th Floor
CITY-ST-ZIP
New York, NY 10006 ☐ Change ☒ Addition

TITLE
NAME
S
LEWIS, ADAM
STREET ADDRESS
39 BROADWAY 19TH FLOOR
CITY-ST-ZIP
NEW YORK, NY 10006 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
TCFO
KAZAR, ED
STREET ADDRESS
39 BROADWAY 19TH FLOOR
CITY-ST-ZIP
NEW YORK, NY 10006 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VPSM
KAROCZKA, PETER
STREET ADDRESS
1333 BROADWAY 10 FLOOR
CITY-ST-ZIP
NEW YORK, NY 10018 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
SD
SAIDENBERG, EDWARD
STREET ADDRESS
175 PINELAWN RD SUITE 408
CITY-ST-ZIP
MELVILLE, NY 11747 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Adam Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2007
Date

212-4045000
Daytime Phone #