

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90107 045 ***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**

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2. Principal Place of Business
- SAME AS ABOVE

3. Mailing Address
- SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	RD	<input type="checkbox"/> Delete
NAME	PARRINELLO, PETER F	
STREET ADDRESS	1333 BROADWAY 10 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	GREGORY, JOSEPH	
STREET ADDRESS	175 PINELAWN RD STE 408	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAMBUCA, FRANCINE	
STREET ADDRESS	175 PINELAWN RD STE 408	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARBER, CHARLES N	
STREET ADDRESS	175 PINELAWN RD STE 408	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VPSM	<input type="checkbox"/> Delete
NAME	KAROCZKA, PETER	
STREET ADDRESS	1333 BROADWAY 10 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joseph Gregori	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Seidenberg	
STREET ADDRESS	175 Pinelawn Rd, Suite 408	
CITY-ST-ZIP	Melville, NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/7/03
Date

631-249-1802
Daytime Phone #

CP2E034 (10/02)