08-24-2000 90001 032 \*\*\*550.00 DO NOT WRITE IN THIS SPACE Applied For 11-3265685 Not Applicable \$8.75 Additional Fee Required Zip Code FL DATE \$5.00 May Be Added to Fees

FILED

Aug 24, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT	(UBR)
DOCUMENT # F9600002364	
PT-1 COMMUNICATIONS, INC.	

Principal Place of Business Mailing Address 30-50 WHITESTONE EXPRESSWAY 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354 FLUSHING NY 11354 HS HS 3. Mailing Address 2. Principal Place of Business huecra St 238, Och Green St. 223 E.K Suite, Apt. #, etc. City & State 4. FEI Number 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CD Change Addition TITLE Delete TITLE 3 El. De La Guerra St. tawfik. Samer NAME 30-60 WHITESTONE EXPRESSWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FLUSHING NY Change Change STD TITLE Addition TITLE Delete DOUGLAS, BARLEY NAME NAME re belaquem St. STREET ADDRESS STREET ADDRESS 30-50 WHITESTONE EXPRESSWAY 97101 CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY **X** Change ☐ Addition Dejete TITI F TITLE VITA, PETER E. Déla Ruemest. NAME NAME STREET ADDRESS 30-50 WHITESTONE EXPRESSWAY STREET ADDRESS Barbaraca 93101 CITY-ST-ZIE CITY-ST-ZIP FLUSHING NY VPD TITLE TITLE Delete LamCasci PANNULLO, J NAME NAME STREET ADDRESS STREET ADDRESS 30-50 WHITESTONE EXP Barbara CA 93101 CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY **VPD** Addition TITLE 🔃 Delete TITLE KLUSARITZ, J NAME NAME STREET ADDRESS 30-50 WHITESTONE EXP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIF

☐ Delete

☐ Change

Addition