

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90216 010 ***150.00

DOCUMENT # F96000005331

1. Corporation Name

RSL COM PRIMECALL, INC.

Principal Place of Business

430 PARK AVENUE, 5TH FLOOR
NEW YORK NY 10022

Mailing Address

430 PARK AVENUE, 5TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

11-3308712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **THOMAS, ED**
STREET ADDRESS **5550 TOPANGA CANYAN BLVD., SUITE 250**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **D** ☐ DELETE
NAME **TARLOVSKY, NIR**
STREET ADDRESS **767 FIFTH AVE., SUITE 4300**
CITY-ST-ZIP **NEW YORK NY 10153**

TITLE **D** ☐ DELETE
NAME **HIRSCHHORN, MARK**
STREET ADDRESS **767 FIFTH AVE., SUITE 4300**
CITY-ST-ZIP **NEW YORK NY 10153**

TITLE **P** ☒ DELETE
NAME **THOMAS, ED**
STREET ADDRESS **5550 TOPANGA CANYON BLD., SUITE 250**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **VP** ☐ DELETE
NAME **GOODSTEIN, ARNOLD**
STREET ADDRESS **430 PARK AVENUE, FIFTH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VP** ☒ DELETE
NAME **COHEN, MICHAEL**
STREET ADDRESS **430 PARK AVENUE, FIFTH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DST** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **P** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **George Fernandez** ☐ Change ☒ Addition
6.2 NAME **430 Park Ave, 5th Floor**
6.3 STREET ADDRESS **New York, NY 10022**
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

ARNOLD GOODSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

(212) 588-3600
Daytime Phone #

CR2E034 (11/98)