

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005331

1. Entity Name

RSL COM PRIMECALL, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90012 002 ***150.00

Principal Place of Business

Mailing Address

430 PARK AVENUE, 5TH FLOOR
NEW YORK NY 10022

430 PARK AVENUE, 5TH FLOOR
NEW YORK NY 10022-3505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-3308712

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR
NAME DONALD SHASSIAN
STREET ADDRESS 767 FIFTH AVE, SUITE 4300
CITY-ST-ZIP NEW YORK, NY 10153 ☐ Change ☒ Addition

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

TITLE DIRECTOR, TREASURER
NAME JOEL BECKOFF
STREET ADDRESS 767 FIFTH AVE., SUITE 4300
CITY-ST-ZIP NEW YORK, NY 10153 ☐ Change ☒ Addition

TITLE SDT
NAME HIRSCHHORN, MARK
STREET ADDRESS 767 FIFTH AVE., SUITE 4300
CITY-ST-ZIP NEW YORK NY 10153 ☒ Delete

TITLE D.
NAME MICHAEL MARIND
STREET ADDRESS 1001 Brinton Rd.
CITY-ST-ZIP Pittsburgh, PA 15221 ☐ Change ☒ Addition

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

TITLE D
NAME ROLAND MALLCOTT
STREET ADDRESS PLATINUM TOWER, 400 INTERSTATE NORTH # 530
CITY-ST-ZIP ATLANTA, GA 30339 ☐ Change ☒ Addition

TITLE VP
NAME FERNANDEZ, GEORGE
STREET ADDRESS 430 PARK AVENUE, FIFTH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE S
NAME RICHARD NELSON, Esq.
STREET ADDRESS 430 PARK AVE., 5TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: *Arnold Goodstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 (212) 588-3600
Date Daytime Phone #

CR2E034 (9/99)