

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000005876**

1. Entity Name

**OPTEL (FLORIDA) TELECOM, INC.****FILED****Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90072 031 \*\*\*150.00

Principal Place of Business

1111 WEST MOCKINGBIRD LANE  
SUITE 1000  
DALLAS TX 75247  
US

Mailing Address

1111 WEST MOCKINGBIRD LANE  
SUITE 1000  
DALLAS TX 75247-5010  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**75-2735402**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>BRUNEL, LOUIS<br>1111 W. MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>BLANCHETTE, BERTRAND<br>1111 W. MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>KATZENSTEIN, MICHAEL E<br>1111 W. MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCDONALD, LYNN<br>1111 W. MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHAGNON, ANDRE<br>1111 W. MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BRUNEL, LOUIS<br>1111 WEST MOCKINGBIRD LANE, 10TH FLOOR<br>DALLAS TX 75247         | <input checked="" type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President, CEO, Director<br>Michael E. Katzenstein<br>No Address Change       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President, Assistant Secretary<br>Scott V. Williams<br>No Address Change | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>R. Douglas Leonhard<br>No Address Change                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/>            |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

Date

Daytime Phone #

214/634-3800