2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F96000005925** May 26, 2000 8:00 am Secretary of State EMPIRE ONE TELECOMMUNICATIONS, INCORPORATED 05-26-2000 90098 010 ***150.00 Principal Place of Business Mailing Address 254 W. 31ST STREET 254 W. 31ST STREET NEW YORK NY 10001 NEW YORK NY 10001-2813 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3762247 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPAMERICA, INC. Street Address (P.O. Box Number is Not Acceptable) 1525 S. ANDREWS AVE., #216 FT LAUDERDALE FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PDC** TITLE Change ☐ Addition TITLE □ Delete NAME NAME **BUTLER, PAUL A** STREET ADDRESS 1 JOCKEY HOLLOW RD. STREET ADDRESS CITY-ST-ZIP WARWICK NY 10959 CITY-ST-7IP 🔀 Change ☐ Addition ☐ Delete TITLE TITLE LEWIS, BRADLEY NAME 26 BONLOBR PLOSE PO NAME STREET ADDRESS STREET ADDRESS 344 E. 63RD ST., #6E SCAIRIDALD, NY CITY-ST-ZIP NEW YORK NY 10021 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE FRIEDMAN, JOHN K ESQ NAME NAME STREET ADDRESS STREET ADDRESS 165 W. 4 ST., #22 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10014 Change ☐ Addition ☐ Delete TITLE TITLE ADELSON, ALEX NAME MAME STREET ADDRESS STREET ADDRESS **MOUNTAINSIDE CROSSING** CITY-ST-ZIP CITY-ST-ZIF CORTLAND MANOR NY 10566 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.