

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005925

1. Entity Name
EMPIRE ONE TELECOMMUNICATIONS, INCORPORATED

DEBTOR
IN
POSSESSION

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90008 033 ***150.00

Principal Place of Business
254 W. 31ST STREET
NEW YORK NY 10001
US

Mailing Address
254 W. 31ST STREET
NEW YORK NY 10001
US

00058018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

55 JOHN STREET

Suite, Apt. #, etc.

2ND FLOOR

City & State

NEW YORK, NY

Zip

10038

Country

US

3. Mailing Address

55 JOHN STREET

Suite, Apt. #, etc.

2ND FLOOR

City & State

NEW YORK, NY

Zip

10038

Country

U.S.

4. FEI Number

48-9762247

54-1963388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE., #216
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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)

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FILE NOW! FEE IS \$150.00
After MAY 1, 2001 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	PDC	<input type="checkbox"/> Delete
NAME	BUTLER, PAUL A	
STREET ADDRESS	1 JOCKEY HOLLOW RD.	
CITY-ST-ZIP	WARWICK NY 10959	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, BRADLEY	
STREET ADDRESS	26 BOULDER RIDGE RD	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	TDC	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, JOHN K ESQ	
STREET ADDRESS	185 W. 4 ST., #22	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADELSON, ALEX	
STREET ADDRESS	MOUNTAINSIDE CROSSING	
CITY-ST-ZIP	CORTLAND MANOR NY 10566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK SZABO	
STREET ADDRESS	55 JOHN ST	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD SUNKO	
STREET ADDRESS	55 JOHN ST	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRI SHER	
STREET ADDRESS	55 JOHN ST	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

T SUNKO

4/17/01

212 285 4500 x109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)