

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **F96000005925**

1. Entity Name

**EMPIRE ONE TELECOMMUNICATIONS, INCORPORATED****FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90198 035 \*\*\*550.00

Principal Place of Business

**55 JOHN STREET  
2ND FLOOR  
NEW YORK NY 10038  
US**

Mailing Address

**55 JOHN STREET  
2ND FLOOR  
NEW YORK NY 10038  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**55 WASHINGTON STREET  
Suite, Apt. #, etc.  
9TH FLOOR**

3. Mailing Address

**55 WASHINGTON STREET  
Suite, Apt. #, etc.  
9TH FLOOR**

City &amp; State

**BROOKLYN, NY**

City &amp; State

**BROOKLYN, NY**

4. FEI Number

**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.  
416 S.E. 15 STREET  
FORT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC BUTLER, PAUL A 1 JOCKEY HOLLOW RD. WARWICK NY 10959</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SZABO, FRANK 55 JOHN STREET NEW YORK NY 10038</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SUNKO, TODD 55 JOHN STREET NEW YORK NY 10038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SHEN, SHERI 55 JOHN STREET NEW YORK NY 10038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **TODD SUNKO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02

212-285-4300

CR2E034 (4/02)