## 2001 Uniform Business Report (UBR)

DOCUMENT # F9700005301

SIGNATURE:

## May 21, 2001 8:00 am Secretary of State 1. Entity Name 05-21-2001 90367 032 \*\*\*200 00 MPOWER COMMUNICATIONS CORP. Principal Place of Business Mailing Address 175 SULLY'S TRAIL, #300 175 SULLY'S TRAIL. #300 769269 PITTSFORD NY 14534 PITTSFORD NY 14534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 88-0360042 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE GALLAGHER, MAURICE J NAME NAME STREET ADDRESS STREET ADDRESS 3291 N. BUFFALO DR., STE. 8 CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89129 ☐ Change Addition **PCEO** ☐ Delete TITLE TITLE HUFF, ROLLA P NAME NAME 175 SULLY'S TRAIL, #300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PITTSFORD NY 14534 Change ☐ Addition ☐ Delete TITLE TITLE HUFF, ROLLA P NAME NAME STREET ADDRESS STREET ADDRESS 175 SULLY'S TRAIL, #300 CITY-ST-ZIP CITY-ST-ZIP PITTSFORD NY 14534 ☐ Delete ☐ Change ☐ Addition TITLE ZUCKERMAN, RUSSELL NAME NAME STREET ADDRESS 175 SULLY'S TRAIL, #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSFORD NY 14534 Change ☐ Addition **CFO** ☐ Delete TITLE TITLE NAME DALEY, MICHAEL NAME STREET ADDRESS STREET ADDRESS 175 SULLY'S TRAIL, #300 CITY-ST-ZIP CITY-ST-ZIP PITTSFORD NY 14534 Delete TITLE ☐ Change ☐ Addition TITLE HIGMAN, SEAN NAME NAME STREET ADDRESS 175 SULLY'S TRAIL, #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSFORD NY 14534

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.

RUSSELL I

**FILED**