

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003649

1. Entity Name

THOMCAST COMMUNICATIONS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90011 017 ***550.00

Principal Place of Business

GABLES ONE TOWER, SUITE 780
 1320 SW DIXIE HWY
 CORAL GABLES FL

Mailing Address

GABLES ONE TOWER, SUITE 780
 1320 SW DIXIE HWY
 CORAL GABLES FL

2. Principal Place of Business

3. Mailing Address

Thomcast Communications, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104 Feeding Hills Rd.

City & State

City & State

Southwick MA

4. FEI Number

04-2660883

Applied For

Not Applicable

Zip

Country

Zip

Country

01077

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 CD ☐ Delete
 NAME DESPROGES, PATRICK
 STREET ADDRESS 1 RUE DE L'HAUTIL B.P. 150
 CITY-ST-ZIP FRANCE

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME CHASE, JENNY
 STREET ADDRESS 104 FEEDING HILLS RD
 CITY-ST-ZIP SOUTHWICK MA 01077

TITLE ☒ Change ☐ Addition
 NAME Jerry Chase
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VS ☐ Delete
 NAME MCGARRAHAN, ROGER K
 STREET ADDRESS 104 FEEDING HILLS RD
 CITY-ST-ZIP SOUTHWICK MA 01077

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME O'BRIEN, DANIEL H
 STREET ADDRESS 99 CANAL CENTER PLAZA, SUITE 450
 CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ☒ Change ☐ Addition
 NAME One Corporate Commons, Suite 302
 STREET ADDRESS New Castle, DE 19720
 CITY-ST-ZIP

TITLE V ☒ Delete
 NAME O'SULLIVAN, MICHAEL
 STREET ADDRESS 104 FEEDING HILLS RD
 CITY-ST-ZIP SOUTHWICK MA 01077

TITLE ☐ Change ☒ Addition
 NAME Edward J. Maher (V)
 STREET ADDRESS 104 Feeding Hills Rd.
 CITY-ST-ZIP Southwick, MA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edward J. Maher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Maher 9/14/00

Date

413-569-0116

Daytime Phone #

CR2E034 (5/00)