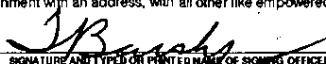


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80122438

DOCUMENT # F99000000912					
1. Entity Name PT-1 LONG DISTANCE, INC.					
Principal Place of Business 30-50 WHITESTONE EXPRESSWAY FLUSHING, NY 11354			Mailing Address 30-50 WHITESTONE EXPRESSWAY FLUSHING, NY 11354		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2117983	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent's signature required when initiating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ENGLE, BRYAN		NAME		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	FLUSHING, NY 11354		CITY-ST-ZIP		
TITLE	SCFO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BARSKY, TAMIE		NAME		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	FLUSHING, NY 11354		CITY-ST-ZIP		
TITLE	COOD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOLODNY, ADAM		NAME		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	FLUSHING, NY 11354		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			718 939 9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			One Daytime Phone #		

Tamie Barsky, CFO