

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90018 001 \*\*\*550.00

**DOCUMENT # F99000002024**

1. Entity Name ✓  
**METROMEDIA FIBER NETWORK SERVICES, INC.**

Principal Place of Business 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601	Mailing Address 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601
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2. Principal Place of Business 360 Hamilton Avenue Suite, Apt. #, etc.	3. Mailing Address 360 Hamilton Avenue Suite, Apt. #, etc.
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City & State White Plains, NY 10601	City & State White Plains, NY 10601
Zip	Country

4. FEI Number <b>13-3982836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	CD <input type="checkbox"/> Delete GAROFALO, STEPHEN A ONE NORTH LEXINGTON AVE WHITE PLAINS NY
TITLE	PD <input type="checkbox"/> Delete FINKELSTEIN, HOWARD M ONE NORTH LEXINGTON AVE WHITE PLAINS NY
TITLE	T <input type="checkbox"/> Delete BENEDETTO, GERARD ONE NORTH LEXINGTON AVE WHITE PLAINS NY
TITLE	V <input type="checkbox"/> Delete GALLUCCIO, VINCENT A ONE NORTH LEXINGTON AVE WHITE PLAINS NY
TITLE	V <input type="checkbox"/> Delete CODLIN, DENNIS E ONE NORTH LEXINGTON AVE WHITE PLAINS NY
TITLE	V <input type="checkbox"/> Delete JOFFE, STEVEN J ONE NORTH LEXINGTON AVE WHITE PLAINS NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 360 Hamilton Avenue White Plains, NY 10601
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Nicholas M. Tanzi 360 Hamilton Avenue White Plains, NY 10601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 360 Hamilton Avenue White Plains, NY 10601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 360 Hamilton Avenue White Plains, NY 10601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME One Meadowlands Plaza E. Rutherford, NJ 07073

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:** *Arnold L. Wadler* **REQUIRED** Arnold L. Wadler July 13, 2000 201/531-8050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec & Director Date Daytime Phone #

CR2E034 (5/00)