

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0574791

DOCUMENT # F99000002024

1. Entity Name

METROMEDIA FIBER NETWORK SERVICES, INC.

05-16-2001 90179 045 ***150.00

Principal Place of Business 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601		Mailing Address 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601	
2. Principal Place of Business 360 Hamilton Avenue		3. Mailing Address 360 Hamilton Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State White Plains, NY		City & State White Plains, NY		4. FEI Number 13-3982836		Applied For <input type="checkbox"/> Not Applicable	
Zip 10601	Country Westchester	Zip 10601	Country Westchester	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAROFALO, STEPHEN A ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Garofalo, Stephen A 360 Hamilton Avenue White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINKELSTEIN, HOWARD M ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Tanzi, Nicholas M 360 Hamilton Avenue White Plains, NY 10601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEDETTO, GERARD ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Benedetto, Gerard 360 Hamilton Avenue White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLUCCIO, VINCENT A ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP- General Counsel Sokota, Robert J 360 Hamilton Avenue White Plains, NY 10601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CODLIN, DENNIS E ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP- Network Services LaPerch, William G 360 Hamilton Avenue White Plains, NY 10601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOFFE, STEVEN J ONE NORTH LEXINGTON AVE WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Tax Joffe, Steven J 360 Hamilton Avenue White Plains, NY 10601 <input checked="" 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 11.15 of the 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: _____ **4/30/01** (914) 421-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)