

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90065 050 ***150.00

DOCUMENT # F99000002024

1. Entity Name
METROMEDIA FIBER NETWORK SERVICES, INC.

Principal Place of Business Mailing Address
360 HAMILTON AVE **360 HAMILTON AVE**
WHITE PLAINS NY 10601 **WHITE PLAINS NY 10601**

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 Applied For
13-3982836 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



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.
FILE NOW IN FEES \$15000
After May 1, 2002 Fee will be \$550.00
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	CEO	<input type="checkbox"/> Delete
NAME	GAROFALO, STEPHEN A	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	CEO CEO	<input type="checkbox"/> Delete
NAME	TANZI, NICHOLAS M	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BENEDETTO, GERARD	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SOKOTA, ROBERT J	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LAPERCH, WILLIAM G	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOFFE, STEVEN J	
STREET ADDRESS	360 HAMILTON AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garofalo, Stephen A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Randall Jay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven J. Joffe* **REQUIRED** **Steven J. Joffe** Date: **2/2/02** Daytime Phone #: **201-531-8052**

CR2E034 (9/01)