

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002227

1. Entity Name

US CROSSING, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90087 041 ***158.75

Principal Place of Business

Mailing Address

150 EL CAMINO DRIVE

150 EL CAMINO DRIVE

SUITE 204

SUITE 204

BEVERLY HILLS CA 90212

BEVERLY HILLS CA 90212-2737

2. Principal Place of Business

3. Mailing Address

360 N. Crescent Dr.

360 N. Crescent Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Beverly Hills CA

City & State

Beverly Hills CA

4. FEI Number

51-0389076

Applied For

Not Applicable

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 \$150.00.
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTER, BARRY	
STREET ADDRESS	150 EL CAMINO DRIVE STE 204	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COOK, SHERRI	
STREET ADDRESS	150 EL CAMINO DRIVE STE 204	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Joggerst	
STREET ADDRESS	5201 Blue Lagoon Dr.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Porter	
STREET ADDRESS	360 N. Crescent Dr.	
CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherrri Cook	
STREET ADDRESS	360 N. Crescent Dr.	
CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	Senior V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Tingley	
STREET ADDRESS	360 N. Crescent Dr.	
CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	Senior V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Lee	
STREET ADDRESS	360 N. Crescent Dr.	
CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	V-T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Tesoriero	
STREET ADDRESS	360 N. Crescent Dr.	
CITY-ST-ZIP	Beverly Hills, CA 90210	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

310/385-5229

Date

Daytime Phone #

CR2E034 (9/99)