

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90070 035 ***150.00

DOCUMENT # F99000002522

1. Entity Name
METRORED TELECOM, INC.



Principal Place of Business
**82 DEVONSHIRE STREET
BOSTON MA 02109**

Mailing Address
**82 DEVONSHIRE STREET
BOSTON MA 02109**

2. Principal Place of Business
82 DEVONSHIRE STREET

3. Mailing Address
82 DEVONSHIRE STREET

Suite, Apt. #, etc.
R7A

Suite, Apt. #, etc.
R7A

City & State
Boston, MA

City & State
Boston, MA

Zip
02109

Country

Zip
02109

Country

4. FEI Number **04-3466206**

Applied For

☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CANTILLON, PHILIP**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **PD** ☐ Delete
NAME **HILTON, TIMOTHY T**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **CD** ☒ Delete
NAME **SMITH, MICHAEL**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **DT** ☐ Delete
NAME **MUCCI, PAUL L**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

Paul L Mucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

617 583 6181

Date

Daytime Phone #

CR2E034 (10/02)