

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004614**

1. Entity Name

PB TELECOMMUNICATIONS, INC.

Principal Place of Business

**ATTN: K. CURRAN
ONE PENN PLAZA
NEW YORK NY 10119**

Mailing Address

**ATTN: K. CURRAN
ONE PENN PLAZA
NEW YORK NY 10119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
PRIETO, R
ONE PENN PLAZA
NEW YORK NY 10119** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BELLHOUSE, R E
ONE PENN PLAZA
NEW YORK NY 10119** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MCDONALD, B H
3340 PEACHTREE ROAD NE, STE. 2400, TWR PLC
ATLANTA GA 30326** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLINTRON, M.H.
ONE PENN PLAZA
NEW YORK NY 10119** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/C
GARDNER, J M
ONE PENN PLAZA
NEW YORK NY 10119** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
BROWN, V A
14023 DENVER WEST PARKWAY, 2ND FLOOR
GOLDEN CO 80401** ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Cintron, MTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Kevin J. Curran 3/5/2001

Date

(212) 465-5304

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90124 001 *1,905.00

65716

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4018806** ☐ Applied For
☐ Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)

042807