

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000005755		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">04 JUN -1 PM 3:10</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name LB FLA TELECOM INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 745 Seventh Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 70 Hudson Street <small>Suite, Apt. #, etc.</small>	
City & State New York, NY <small>Zip Country</small> 10019		City & State Jersey City, NJ <small>Zip Country</small> 07302	
DO NOT WRITE IN THIS SPACE		4. FEI Number 13-4095681	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name CORPORATION SERVICES COMPANY	
		Street Address (P.O. Box Number is Not Acceptable)	
		1201 Hays Street <small>City Zip Code</small> Tallahassee FL 32301	
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. <div style="text-align: right; font-weight: bold;">200037673838 06/04/04--01061--001 **2000.00</div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAREN E. BLAKELY 745 7th Ave New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARRY J. O'BRIEN 70 HUDSON STREET JERSEY CITY, NJ 07302	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JENNIFER MARRE 745 7th Ave. New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT KATHRYN M. BOPP FLYNN 745 7TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		BARRY J. O'BRIEN Date 4/26/04 Daytime Phone # 201-499-6664	