FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F99000005755 1. Entity Name					FILED.			
LB FLA TELECOM INC.					O4 JUN = [PA 3: 10 00			
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALL MERNSEE SLORIDANTE			
Principal Place of Business 3. Mailing Address				A TANAN TIME TO SERVICE AND SE				
745 Seventh Ave 70 Hu: dson St			Stre	eet				
Suite, Apt. #, etc. Suite, Apt. #, etc.				·	DO NOT WRITE IN THIS SPACE			
City & State City & State				<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		Applied For		
New Yor		Jersey City,			<u>13-4095681</u>		Not Applicable	
Zip 10019	Country	7ip 07302	Countr	y	5. Certificate of Status Desired	1 1 '	.75 Additional 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				
				City 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	t the obligations of registered agent	nt for the purpose of changing.	g its re	gistered office of re				
and accept the obligations of registered agent. 800037673838 06/04/0401061001 **2000.00								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1: May 1 Fee is \$150.00								
After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be								
Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State								
10.	OFFICERS AND		100			i delli ili		
TITLE	PD :			E 4 \$ 15 1 1 1 1 1		i periodi	12/02	
NAME	KAREN E. BLAKELY			ė (* ? *)				
STREET ADDRESS	1 1 10 1011 1110			EET ADDRESS	2			
CITY - ST - ZIP	New York, NY 10019			(- ST - ZIP				
TITLE NAME	BARRY J. O'BRIEN			E () E ()		704 7	CR2	
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CITY - ST - ZIP	JERSEY CITY, NJ 07302			r-st-zp				
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NAME	JENNIFER MARRE			E			Service Control	
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STREET ADDRESS	KATHRYN M. BOPP FLYNN ss 745 7TH AVE.			EET AODRESS				
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12. Thereby co	ertify that the information supplied v	vith this filing does not qualif	for th	e exemption stated	in Section 119.07(3)(i). Florida Sta	atutes. I furthe	er 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.								

BARRY J. O'BRIEN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The

4/26/04 201-499-6664

Date Daytime Phone #

aidun

STF FL32381F.1

SIGNATURE: