

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005755

1. Entity Name
LB FLA TELECOM INC.



Principal Place of Business
745 7TH AVENUE
NEW YORK, NY 10019

Mailing Address
70 HUDSON STREET
JERSEY CITY, NJ 07302



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4095681 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | BLAKELY, KAREN E |
| STREET ADDRESS | 745 7TH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | V |
| NAME | O'BRIEN, BARRY J |
| STREET ADDRESS | 70 HUDSON STREET |
| CITY-ST-ZIP | JERSEY CITY, NJ 07302 |
| TITLE | S |
| NAME | MARRE, JENNIFER |
| STREET ADDRESS | 745 7TH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | AT |
| NAME | BOPP FLYNN, KATHRYN M |
| STREET ADDRESS | 745 7TH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry J. O'Brien 04/19/05 (201) 499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #