

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90021 047 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L08677

1. Entity Name
MIOTEL CORPORATION

Principal Place of Business PARK AVE NY 10167	Mailing Address 245 PARK AVE NY NY 10167-0002 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 58-1856700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (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, 2000 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 D	<input type="checkbox"/> Delete
NAME COHEN, BENJAMIN	
STREET ADDRESS 2 OVERHILL RD., STE. 420	
CITY-ST-ZIP SCARSDALE NY 10583	
TITLE PD	<input type="checkbox"/> Delete
NAME LEHODEY, JOHN	
STREET ADDRESS 2 OVERHILL RD., STE. 420	
CITY-ST-ZIP SCARSDALE NY 10583	
TITLE SD	<input type="checkbox"/> Delete
NAME HELD, JEFFREY S	
STREET ADDRESS 2 OVERHILL RD., STE. 420	
CITY-ST-ZIP SCARSDALE NY 10583	
TITLE VPFT	<input type="checkbox"/> Delete
NAME BERRY, DANIEL E	
STREET ADDRESS 245 PARK AVE	
CITY-ST-ZIP NY NY 10167	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 245 PARK AVE	
CITY-ST-ZIP NY, NY, 10167	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 245 PARK AVE	
CITY-ST-ZIP NY, NY 10167	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 30 ROCKEFELLER PLAZA	
CITY-ST-ZIP NY, NY 10112	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 lines empowered.

SIGNATURE: *Daniel Berry* **DANIEL BERRY** VICE PRESIDENT **3/23/00** (212) 699-5956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034 (9/99)