

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90406 027 \*\*\*\*50.00

DOCUMENT # M01000002062

1. Entity Name

GTE.Net LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

600 Hidden Ridge

Suite, Apt. #, etc.

3. Mailing Address

1717 Arch Street

Suite, Apt. #, etc.

15<sup>th</sup> Floor

DO NOT WRITE IN THIS SPACE

City & State

Irving, TX

City & State

Philadelphia, PA

4. FEI Number

04-3506728

Applied For

Not Applicable

Zip

75038

Country

USA

Zip

19103

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

C T D Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY:1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR.  
MARK F. DAVIS  
1 E. Pratt Street, 8<sup>th</sup> Fl.  
Baltimore, MD 21202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR.  
MARIANNE DROST  
1095 Avenue of the Americas  
New York, NY 10036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR.  
ANDREA L. CUSTIS  
1166 Avenue of the Americas  
New York, NY 10036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Andrea L. Custis

ANDREA L. CUSTIS  
MANAGER

5-14-02

215-963-6176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)