

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P18566****1. Entity Name**

GOLDEN COMMUNICATIONS, INC.

Principal Place of Business110 SE 6TH ST.
20TH FLOOR
FT. LAUDERDALE
33301

FL

US

Mailing Address110 SE 6TH ST
20TH FLOOR
FT. LAUDERDALE
33301

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****38-2795884****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S. PINE ISLAND ROADPLANTATION
33324

FL

US

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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	AS	<input checked="" type="checkbox"/> Delete
NAME	JAMESON JOHN	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HYLE KATHLEEN	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	VS	<input type="checkbox"/> Delete
NAME	COLE JAMES O	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON HARRIS W	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	P	<input type="checkbox"/> Delete
NAME	HUIZENG H. WAYNE JR	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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			

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURHIS MARC L		
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

TITLE	DVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P		
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E		
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

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 like empowered.**SIGNATURE** JONATHAN P. FERRANDO

S

05/01/2000