

2001 UNIFORM BUSINESS REPORT (UBR)

4/17/01-90031-022-\$150.00-\$150.00

DOCUMENT # **P10566**

1. Entity Name

Golden Communications, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

cp Michael D. Fuchles
Suite, Apt. #, etc.
1515 Broadway
City & State
New York, NY
Zip
10036

3. Mailing Address

cp Michael D. Fuchles
Suite, Apt. #, etc.
1515 Broadway
City & State
New York, NY
Zip
10036

4. FEI Number

38-2795884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Meryl Wiener
Signature, typed or printed name of registered agent and date if applicable

(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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CFO	Mel A. Karmazin	1515 Broadway	New York, NY 10036	<input type="checkbox"/>
CFO	Farid Sulamany	51 West 53rd Street	New York, NY 10019	<input type="checkbox"/>
VP	Michael D. Fuchles	1515 Broadway	New York, NY 10036	<input type="checkbox"/>
SEC	Angeline C. Stroker	1515 Broadway	New York, NY 10036	<input type="checkbox"/>
AS	Rene W. Stack	1515 Broadway	New York, NY 10036	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen W. Stahl
Ass. Sec.

Date

Daytime Phone #

FILED

01 MAY 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0049529

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)