2002 Uniform Business Report (UBR)

changed, or on an attachme

Apr 03, 2002 8:00 am Secretary of State P18566 DOCUMENT # 1. Entity Name 04-03-2002 90177 044 ***150.00 GOLDEN COMMUNICATIONS, INC. Principal Place of Business Mailing Address C/O MICHAEL D. FRECKLES C/O MICHAEL D. FRECKLES 1515 BROADWAY 1515 BROADWAY NEW YORK NY 10036 NEW YORK NY 10036 US US Mailing Address Principal Place of Busines: FRICKlas o Michael Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-2795884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD TITLE Delete TITLE KARTMAGIN, MEL A NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-7IP CFOD Delete TITLE TITLE SOLOMON, LORID NAME NAME 51 WEST 52ND STREET STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE TM Change Addition FRICKlas FRECKLES, MICHAEL D NAME NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE X Delete ☐ Addition STROKES, ANGELINE C NAME MAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete STACK, ILENE W NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS NEW YORK NY 10036 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ∢NAME NAME "STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OF SIGNING OFFICER OR DIRECTOR