

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 017 ***150.00

DOCUMENT # P18566 1. Entity Name GOLDEN COMMUNICATIONS, INC.			
Principal Place of Business C/O MICHAEL D. FRICKLES 1515 BROADWAY NEW YORK, NY 10036 US		Mailing Address C/O MICHAEL D. FRICKLES 1515 BROADWAY NEW YORK, NY 10036 US	
2. Principal Place of Business C/O Michael D. Fricklas Suite, Apt. #, etc. 1515 Broadway City & State New York, NY Zip 10036 Country USA		3. Mailing Address C/O Michael D. Fricklas Suite, Apt. #, etc. 1515 Broadway City & State New York, NY Zip 10036 Country USA	
4. FEI Number 38-2795884		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03122004 Chg-P CR2E034 (10/03)	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVT NAME FREEDLINE, ROBERT G STREET ADDRESS 1515 BORADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PR NAME WALLY, KELLY C STREET ADDRESS 2502 NORTH BLACK CANYON HWY CITY-ST-ZIP PHOENIX, AZ 85009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DEVS NAME FRICKLS, MICHAEL D STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael D. Fricklas
TITLE AS NAME FUERST, JANE R STREET ADDRESS 1515 BORADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME GORDEN, SUSAN C STREET ADDRESS 1515 BORADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Jane R. Fuerst Jane R. Fuerst, Asst. Secy. 3/19/04 212 258 6847 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			