

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90400 009 ***150.00

0001196 AV

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

3. Mailing Address

Suite, Apt. #, etc.

c/o Michael D. Fricklas
1515 Broadway
New York, NY 10036
USA

City & State

Zip

Country

4. FEI Number

38-2795884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☒ Delete
NAME **LEVINE, WILLIAM S**
STREET ADDRESS **2502 NORTH BLANK CANYON HWY**
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **DIR/VP/TR** ☐ Change ☒ Addition
NAME **Robert G. Freedline**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

TITLE **PR** ☐ Delete
NAME **WALLY, KELLY C**
STREET ADDRESS **2502 NORTH BLACK CANYON HWY**
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRICKLES, MICHAEL D**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **DIR/EVP/SC** ☒ Change ☐ Addition
NAME **Michael D. Fricklas**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **STROKES, ANGELINE C**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☒ Delete
NAME **ROSENBERG, KATHERINE B**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **AS** ☐ Change ☒ Addition
NAME **Jane R. Fuerst**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIR/VP** ☐ Change ☒ Addition
NAME **Susan C. Gordon**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

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 the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or on an attachment with an address, with all other like empowered.

Jane R. Fuerst, Assistant Secretary
212-258-6847 04/1/03

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)