

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90063 009 ***150.00

DOCUMENT # P95000072335

1. Entity Name

Group Long Distance, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Cavalier CT

3. Mailing Address

1 Cavalier CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ringoes NJ

City & State

Ringoes NJ

4. FEI Number

65-0213198

Applied For

Not Applicable

Zip

Country

08551-0534 USA

Zip

Country

08551-0534 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Thomas Tatum

Street Address (P.O. Box Number is Not Acceptable) New River Center, Suite 1800

200 East Las Olas Blvd

City Fort Lauderdale **FL** Zip Code 33301

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE President + Dir
NAME Diane Pavol
STREET ADDRESS 1 Cavalier CT
CITY-ST-ZIP Ringoes NJ 08551

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec 1 Treas
NAME Jim L. Stock
STREET ADDRESS 1 Cavalier CT
CITY-ST-ZIP Ringoes NJ 08551

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Pavol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 215-491-7304

Date

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE
IN THIS SPACE**