

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90054 033 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000048295**

1. Corporation Name  
**CARRIER NETWORK SERVICES, INC.**



Principal Place of Business  
 855 S.W. 78TH AVENUE  
 PLANTATION FL 32324

Mailing Address  
 855 S.W. 78TH AVENUE  
 PLANTATION FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/29/1998**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATON**  
**701 BRICKELL AVENUE**  
**SUITE 3000**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name **Michael Pardes**  
 82 Street Address (P.O. Box Number is Not Acceptable) **855 SW 78 Avenue**  
 83  
 84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michael Pardes* DATE **4/27/1999**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	Ted Liebowitz	
STREET ADDRESS	855 SW 78 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Michael Pardes	
STREET ADDRESS	855 SW 78 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	Howard Markowitz	
STREET ADDRESS	855 SW 78 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Nelson Bruff	
STREET ADDRESS	162 E 64 St	
CITY-ST-ZIP	New York, NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Sara Liebowitz	
STREET ADDRESS	162 E 64 St	
CITY-ST-ZIP	New York, NY 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ted Liebowitz	
1.3 STREET ADDRESS	855 SW 78 Avenue	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Pardes	
2.3 STREET ADDRESS	855 SW 78 Avenue	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard Markowitz	
3.3 STREET ADDRESS	855 SW 78 Avenue	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nelson Bruff	
4.3 STREET ADDRESS	162 E 64 St	
4.4 CITY-ST-ZIP	New York, NY 10021	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sara Liebowitz	
5.3 STREET ADDRESS	162 E 64 St	
5.4 CITY-ST-ZIP	New York, NY 10021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE **4/5/99** 954.453.7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DayTime Phone #

CR2E034 (11/98)