

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90098 003 \*\*\*150.00

**DOCUMENT # F97000000370**

1. Entity Name  
**PACE COMMUNICATIONS GROUP, INC.**

Principal Place of Business      Mailing Address  
**485 FIFTH AVENUE**      **485 FIFTH AVENUE**  
**NEW YORK NY 10017**      **NEW YORK NY 10017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **13-1598443**      Applied For  
 Not Applicable

Zip.      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156-0000**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NULMAN, RICHARD</b>	
STREET ADDRESS	<b>485 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>GRIMES, JOHN</b>	
STREET ADDRESS	<b>485 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CANTOS, JOEL</b>	
STREET ADDRESS	<b>485 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>BAGLEY, MILTON</b>	
STREET ADDRESS	<b>485 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NEUMAN, THOMAS</b>	
STREET ADDRESS	<b>485 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**      Date: **1/21/02**      Daytime Phone #: **212 878-0100**

CR2E034 (9/01)