

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 001 ***550.00

DOCUMENT # F99000002024

1. Entity Name ✓
METROMEDIA FIBER NETWORK SERVICES, INC.

Principal Place of Business 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601	Mailing Address 1 NORTH LEXINGTON AVE WHITE PLAINS NY 10601
---	---

2. Principal Place of Business 360 Hamilton Avenue Suite, Apt. #, etc.	3. Mailing Address 360 Hamilton Avenue Suite, Apt. #, etc.
City & State White Plains, NY 10601	City & State White Plains, NY 10601
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3982836	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD GAROFALO, STEPHEN A	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ONE NORTH LEXINGTON AVE	NAME	360 Hamilton Avenue
STREET ADDRESS	WHITE PLAINS NY	STREET ADDRESS	White Plains, NY 10601
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	FINKELSTEIN, HOWARD M	NAME	Nicholas M. Tanzi
STREET ADDRESS	ONE NORTH LEXINGTON AVE	STREET ADDRESS	360 Hamilton Avenue
CITY-ST-ZIP	WHITE PLAINS NY	CITY-ST-ZIP	White Plains, NY 10601
TITLE	T	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BENEDETTO, GERARD	NAME	
STREET ADDRESS	ONE NORTH LEXINGTON AVE	STREET ADDRESS	360 Hamilton Avenue
CITY-ST-ZIP	WHITE PLAINS NY	CITY-ST-ZIP	White Plains, NY 10601
TITLE	V	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GALLUCCIO, VINCENT A	NAME	
STREET ADDRESS	ONE NORTH LEXINGTON AVE	STREET ADDRESS	360 Hamilton Avenue
CITY-ST-ZIP	WHITE PLAINS NY	CITY-ST-ZIP	White Plains, NY 10601
TITLE	V	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CODLIN, DENNIS E	NAME	
STREET ADDRESS	ONE NORTH LEXINGTON AVE	STREET ADDRESS	360 Hamilton Avenue
CITY-ST-ZIP	WHITE PLAINS NY	CITY-ST-ZIP	White Plains, NY 10601
TITLE	V	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	JOFFE, STEVEN J	NAME	
STREET ADDRESS	ONE NORTH LEXINGTON AVE	STREET ADDRESS	One Meadowlands Plaza
CITY-ST-ZIP	WHITE PLAINS NY	CITY-ST-ZIP	E. Rutherford, NJ 07073

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: *Arnold L. Wadler* **REQUIRED** Arnold L. Wadler July 13, 2000 201/531-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec & Director Date Daytime Phone #

CR2E034 (5/00)