

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90065 050 ***150.00

DOCUMENT # F99000002024

1. Entity Name
METROMEDIA FIBER NETWORK SERVICES, INC.

Principal Place of Business Mailing Address
360 HAMILTON AVE **360 HAMILTON AVE**
WHITE PLAINS NY 10601 **WHITE PLAINS NY 10601**



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 Applied For
13-3982836 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

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. **FILE NOW IN FEES \$15000**
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 CEO	<input type="checkbox"/> Delete NAME GAROFALO, STEPHEN A STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601	TITLE <i>Chairman</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Garofalo, Stephen A.</i>
TITLE CEO	<input type="checkbox"/> Delete NAME TANZI, NICHOLAS M STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601	TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO	<input type="checkbox"/> Delete NAME BENEDETTO, GERARD STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601	TITLE <i>Randall Jay</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVP	<input type="checkbox"/> Delete NAME SOKOTA, ROBERT J STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVP	<input type="checkbox"/> Delete NAME LAPERCH, WILLIAM G STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete NAME JOFFE, STEVEN J STREET ADDRESS 360 HAMILTON AVE CITY-ST-ZIP WHITE PLAINS NY 10601		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven J. Joffe* **REQUIRED** *Steven J. Joffe* Date *2/2/02* Daytime Phone # *201-531-8052*

CR2E034 (9/01)