

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F99000005032**

1. Entity Name  
**METROPOLITAN TELECOMMUNICATIONS OF FLORIDA  
INC.**



Principal Place of Business  
**44 WALL STREET 14TH FLOOR  
NEW YORK, NY 10005**

Mailing Address  
**44 WALL STREET 14TH FLOOR  
NEW YORK, NY 10005**

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4098315</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U00000860601  
04/02/08-80068-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>EVP</b>
NAME	<b>ECONOMOU, ANDONI</b>
STREET ADDRESS	<b>44 WALL STREET 14TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10005</b>

TITLE	<b>COO</b>
NAME	<b>ECONOMOU, ANDONI</b>
STREET ADDRESS	<b>44 WALL ST 14TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10005</b>

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Andoni Economou 2/6/08 (212) 607-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #