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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 23, 2004 08:00 AM
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			
		01122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-4098315	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. 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 necessary) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	V		
NAME	ECONOMOU, ANDONI		
STREET ADDRESS	44 WALL STREET 14TH FLOOR		
CITY - ST - ZIP	NEW YORK, NY 10005		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fees empowered.			
SIGNATURE: _____		Date <u>1/13/04</u> Daytime Phone <u>1126072014</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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