

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/6/00

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90014 010 \*\*\*150.00

DOCUMENT # **P95000097537**

Entity Name

**C3D INC.**

1. Principal Place of Business W. 76TH STREET 8D YORK NY 10023-8314	2. Mailing Address 235 W. 76TH STREET SUITE 8D NEW YORK NY 10023-9214
--	--

3. Principal Place of Business 230 Park Avenue, Suite, Apt #, etc. Suite 453 City & State New York, NY Zip 10169 Country USA	3. Mailing Address 230 Park Avenue Suite, Apt #, etc. Suite 453 City & State New York, NY Zip 10169 Country USA
---	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4064792	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: **Michael Goldberg**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2625 NE 11th Court**  
 City: **Fort Lauderdale** FL Zip Code: **33304**

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: *Michael Goldberg* DATE: **3/21/00**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when necessary)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>YAAKOV, ITZHAK BRIGGEN</b> 216 EAST 47TH STREET NEW YORK NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEVICH, EUGENE PROF</b> 235 WEST 76TH ST., STE. 8D NEW YORK NY 10023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZADENBERG, LEV</b> 86 HA'NESHER ST. RAANANA, ISRAEL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDBERG, MICHAEL</b> 2008 BAYVIEW DRIVE FT. LAUDERDALE FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JONES, JOHN</b> NO. 1 COURTENAY LODGE, COURTENAY TERRACE HOVE, UK BN3 2WF	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Eugene Levich* DATE: **2/24/00** OFFICE PHONE: **(212) 983-1107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C12E004 (9/98)