

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005240

FILED
Apr 14, 2008
Secretary of State

Entity Name: GROW.NET, INC.

Current Principal Place of Business:

2 PENN PLAZA
6TH FL
NEW YORK, NY 10121

New Principal Place of Business:

Current Mailing Address:

1221 AVE OF THE AMERICAS
TAX DEPT - 48TH FLR
NEW YORK, NY 100201095

New Mailing Address:

FEI Number: 13-4106860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALASPINA, MARK
Address: 386 PARK AVENUE SOUTH, 15TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: VP () Delete
Name: KAUFMAN, FRANK
Address: 1221 AVENUE OF THE AMERICAS- 48TH FL.
City-St-Zip: NEW YORK, NY 10020

Title: S () Delete
Name: GUETTA, DANIEL
Address: 1221 AVENUE OF THE AMERICAS- 48TH FL.
City-St-Zip: NEW YORK, NY 10020

Title: T () Delete
Name: SELBY, THOMAS
Address: 1221 AVENUE OF THE AMERICAS- 48TH FL.
City-St-Zip: NEW YORK, NY 10020

Title: C () Delete
Name: HIRSCHBERG, HENRY
Address: 2 PENN PLAZA-12TH FLOOR
City-St-Zip: NEW YORK, NY 10121

Title: VC () Delete
Name: MICALLEF, JOSEPH
Address: 2 PENN PLAZA-12TH FLOOR
City-St-Zip: NEW YORK, NY 10121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALASPINA, MARK
Address: 1221 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: VP (X) Change () Addition
Name: SCHESCHUK, PETER
Address: 1221 AVENUE OF THE AMERICAS- 48TH FL.
City-St-Zip: NEW YORK, NY 10020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SCHESCHUK

VP

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date