

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005240

1. Entity Name
GROW.NET, INC.



Principal Place of Business
2 PENN PLAZA
6TH FL
NEW YORK, NY 10121

Mailing Address
1221 AVE OF THE AMERICAS
TAX DEPT - 48TH FLR
NEW YORK, NY 10020-1095



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 13-4106860 | 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MALASPINA, MARK 386 PARK AVENUE SOUTH, 15TH FLOOR NEW YORK, NY 10016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KAUFMAN, FRANK 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GUETTA, DANIEL 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SELBY, THOMAS 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HIRSCHBERG, HENRY 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC MICALLEF, JOSEPH 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121 |

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 05/03/07-80070-012 150.00

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: Frank J. Kaufman **Frank J. Kaufman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President** 4/23/07 **(212) 512-4362**
Date Daytime Phone #