2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received

SIGNATURE:

Feb 06, 2001 8:00 am DOCUMENT # F97000003548 **Secretary of State** 1. Entity Name COLE ORLANDO, INC. 02-06-2001 90242 025 ***150.00 Mailing Address Principal Place of Business 152 WEST 57TH ST. 2 EMERSON LANE NEW YORK NY 10019 C/O GENERAL COUNSEL SECAUCUS NJ 07094 2. Principal Place of Business 3. Mailing Address 103 W.50 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 58-2310248 New York Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONASCORP REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/00) TITLE TITLE ☐ Delete COLE, KENNETH D NAME NAME 403 W. 60th St. STREET ADDRESS STREET ADDRESS 152 WEST 57TH ST. CITY-ST-ZIP CITY-ST-ZIP New York, MY 10014 **NEW YORK NY 10019** TITLE Change Addition TITLE ☐ Delete NAME MAYER, STANLEY A NAME 603 W. 504 St. STREET ADDRESS STREET ADDRESS 2 EMERSON LANE NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 Delete--TITLE TITLE Change ___ X Addition_ Michael Colos. NAME COHEN, PATRICE F NAME 403 W. 50# St. STREET ADDRESS STREET ADDRESS 2 EMERSON LANE NEW YOR MY 10019 CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 TITLE ☐ Delete TITLE ☐ Change Addition EDELMAN, DAVID P STREET ADDRESS STREET ADDRESS 2 EMERSON LANE CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

er 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 with an address, with all other like empowered.

NO TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR