


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S60410 (5)					
1. Corporation Name INTERACTIVE EDGE, INC.					
Principal Place of Business 1111 LINCOLN ROAD #700 MIAMI BEACH FL 33139 US			Mailing Address 1111 LINCOLN ROAD #700 MIAMI BEACH FL 33139 US		
2. Principal Place of Business 21 1111 Lincoln Road			2a. Mailing Address 26 1111 Lincoln Road		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23 Miami Beach, FL			City & State 28 Miami Beach, FL		
Zip 24 33139			Zip 29 33139		
Country 25 USA			Country 30 USA		
9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE S <input checked="" type="checkbox"/> DELETE					
1.2 NAME MIELE, LISA					
1.3 STREET ADDRESS 1111 LINCOLN ROAD					
1.4 CITY-ST-ZIP MIAMI BEACH FL 33139					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1991	
4. FEI Number 65-0272304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIELE, LISA	1.2 NAME	Kenneth D. Lorber
STREET ADDRESS	1111 LINCOLN ROAD	1.3 STREET ADDRESS	1111 Lincoln Road
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Steven G. Crane
STREET ADDRESS		2.3 STREET ADDRESS	240 Pegasus Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Northvale, NJ 07647
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael E. Fairbourne
STREET ADDRESS		3.3 STREET ADDRESS	240 Pegasus Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Northvale, NJ 07647
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Edward L. Shendell
STREET ADDRESS		4.3 STREET ADDRESS	240 Pegasus Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Northvale, NJ 07647
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edward L. Shendell** *Edward L. Shendell* **April 24, 1998** **201-767-4000**

CR2E034 (10/97)