

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12461

Entity Name: LICENSE CORP. NO. 1**Current Principal Place of Business:**500 FRANK W BURR BLVD
TEANECK, NJ 07666**Current Mailing Address:**500 FRANK W BURR BLVD
TEANECK, NJ 07666 US**FEI Number:** 75-2710436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT
Name FALCO , RANDY
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

Title TREASURER
Name MCCANN , SHAWN
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

Title DIRECTOR
Name LORI, PETER H.
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

Title SECRETARY, DIRECTOR
Name SCHWARTZ, JONATHAN
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

Title ASST. SECRETARY
Name ACEVES , JOHN PAUL
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

Title DIRECTOR
Name LOPEZ-BALBOA, FRANK
Address 500 FRANK W BURR BLVD
City-State-Zip: TEANECK NJ 07666

I hereby 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 all other like empowered.

SIGNATURE: JOHN PAUL ACEVES**ASST. SECRETARY****04/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date