2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #653079** Feb 24, 2000 8:00 am **Secretary of State** NATIONAL SUBSCRIPTION TELEVISION OF FT. LAUDERDA 02-24-2000 90019 021 ***150.00 Principal Place of Business Mailing Address C/O OAK INDUSTRIES INC C/O OAK INDUSTRIES INC 1000 WINTER STREET 1000 WINTER STREET WALTHAM MA 02451-1448 WALTHAM MA 02451 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-3448337 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 8. The above named entity submits this statement for the purpose of chariging 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PSD □ Delete TITLE TITLE NAME HICKS, COLEMAN S NAME STREET ADDRESS STREET ADDRESS 1000 WINTER ST CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA Change ☐ Addition Delete TITLE NAME LEW, MELA NAME STREET ADDRESS STREET ADDRESS 1000 WINTER STREET CITY-ST-7IP CITY-ST-ZIP WALTHAM MA 02154 ☐ Chanoe ☐ Addition ☐ Delete TITLE TITLE NAME HYLEK, RANDALL J NAME STREET ADDRESS STREET ADDRESS 1000 WINTER STREET CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02154 ☐ Detete TITLE ☐ Change ☐ Addition VTD TITLE NAME NAME LEBLANC, PAUL A STREET ADDRESS STREET ADDRESS 1000 WINTER STREET CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02154 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1118 00 (781)890-0400