

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 031 ***150.00

DOCUMENT # F00000000048

1. Entity Name

SPACE.COM, INC.



Principal Place of Business

~~120 WEST 45TH STREET, 35TH STREET~~
~~NEW YORK NY 10036~~

New Address
(see #2) and 3.

Mailing Address

~~120 WEST 45TH STREET, 35TH STREET~~
~~NEW YORK NY 10036~~

11019270



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

330 Madison Ave

3. Mailing Address

330 Madison Ave

Suite, Apt. #, etc.

6th FLR

Suite, Apt. #, etc.

6th FLR

City & State

New York, N.Y. 10017

City & State

New York, N.Y. 10017

Zip

10017

Country

USA

Zip

10017

Country

USA

4. FEI Number

13-4063376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	CD DOBBS, LOU 330 Madison Ave 120 WEST 45TH STREET, 35TH STREET NEW YORK NY 10036 C= Chairman	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARA, JOHN C 120 WEST 45TH STREET, 35TH STREET NEW YORK NY 10036 X Delete	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHROCK, RAY 330 Madison Ave 120 WEST 45TH STREET, 35TH STREET NEW YORK NY 10036 D= Director	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel A. Stone 330 Madison Avenue N.Y., N.Y. 10017 P= President and CEO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Zeller 330 Madison Avenue N.Y., N.Y. 10017 S= Secretary	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Higginbotham 330 Madison Ave New York, N.Y. 10017 D= Director	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neil A. Armstrong 330 Madison Ave New York, N.Y. 10017 D= Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John A. Williams 330 Madison Ave New York, N.Y. 10017 D= Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Wright 330 Madison Avenue New York, N.Y. 10017 D= Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Wyant 330 Madison Ave New York, N.Y. 10017 D= Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)