## 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT #00000000912 Secretary of State 05-22-2001 90033 049 \*\*\*150.00 Vertical Lond, Inc. Mailing Address Principal Place of Business Same 3 Huntington Quadrangle melville, M 659702 3. Mailing Address 2. Principal Place of Business NO Change DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 13332289 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Corporation Service Company 1201 Hayes Street no change Street Address (P.O. Box Number is Not Acceptable) Talkharsee, Florida 32301 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOWIH FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 🛝 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CHARGE CONTROL OFFICERS AND DIRECTORS 11. **Addition** CR2E034 (11/00 Director ☐ Change President, Director, Treasur Delete TITLE TITLE NAME michael 6033 West Century Blud NAME David Peskin awdrongle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP as Angeles. CITY-ST-ZIP Addition Channe Vice President, Director, Sac. Delete TITLE TITLE NAME kenneth fest NAME STREET ADDRESS tunting ton Quadran STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change TITLE Delete ... - -TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 logal 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.

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SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Pestin

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