

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90001 004 ***550.00

0132091 AT

DOCUMENT # F00000001941

1. Entity Name
THE METROPOLITAN ENTERTAINMENT CO., INC.

Principal Place of Business
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121-0032

Mailing Address
2 PENN PLAZA, 26TH FLOOR
NEW YORK NY 10121-0032



2. Principal Place of Business

3. Mailing Address

7 N. MOUNTAIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 1566

DO NOT WRITE IN THIS SPACE

City & State

City & State

MONTCLAIR NJ

4. FEI Number **22-1968974**

Applied For

Not Applicable

Zip

Country

Zip

Country

07042

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GOLDMAN, NATHAN D
225 WATER ST., SUITE 2050
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
 NAME **SCHER, JOHN**
 STREET ADDRESS **2 PENN PLAZA, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE **VP** ☒ Delete
 NAME **LEVINO, ERIC M**
 STREET ADDRESS **2 PENN PLAZA, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE **VCS** ☐ Delete
 NAME **CLARKE, AMY POLAN**
 STREET ADDRESS **7 N. MOUNTAIN AVENUE**
 CITY-ST-ZIP **MONTCLAIR NJ 07042-1840**

TITLE **T** ☐ Delete
 NAME **POLACK, JOE**
 STREET ADDRESS **7 N. MOUNTAIN AVENUE**
 CITY-ST-ZIP **MONTCLAIR NJ 07042-1840**

TITLE **D** ☒ Delete
 NAME **ABLON, R. RICHARD**
 STREET ADDRESS **2 PENN PLAZA, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

TITLE **D** ☒ Delete
 NAME **ALLEN, PETER**
 STREET ADDRESS **2 PENN PLAZA, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10121-0032**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/S** ☒ Change ☐ Addition
 NAME **CLARKE, AMY POLAN**
 STREET ADDRESS **7 N. MOUNTAIN AVE**
 CITY-ST-ZIP **MONTCLAIR NJ 07042**

TITLE **T/D** ☒ Change ☐ Addition
 NAME **POLACK, JOSEPH**
 STREET ADDRESS **7 N. MOUNTAIN AVE**
 CITY-ST-ZIP **MONTCLAIR NJ 07042**

TITLE **D** ☐ Change ☒ Addition
 NAME **MACKIN, SCOTT**
 STREET ADDRESS **40 LANE ROAD**
 CITY-ST-ZIP **FAIRFIELD NJ 07007**

TITLE **D** ☐ Change ☒ Addition
 NAME **HOROWITZ, JEFFREY**
 STREET ADDRESS **40 LANE ROAD**
 CITY-ST-ZIP **FAIRFIELD NJ 07007**

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 OF JOSEPH F POLACK 7/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2034 (5/01)