

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90156 010 ***150.00

DOCUMENT # F00000002936

1. Entity Name
INTERACTIVE ELEMENTS INCORPORATED



Principal Place of Business
**342 MADISON AVE
NEW YORK NY 10173**

Mailing Address
**342 MADISON AVE
NEW YORK NY 10173**

2. Principal Place of Business
60 EAST 42 STREET

3. Mailing Address
60 East 42 Street

Suite, Apt. #, etc.
2033

Suite, Apt. #, etc.
2033

City & State
New York NY

City & State
New York NY

Zip
10165 Country
U.S.A.

Zip
10165 Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
13-2681188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811**

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
**PSC
GILBERT, SUSAN
545 WEST END AVENUE
NEW YORK NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BONI, EDMOND
525 GILBERT AVE
HAMDEN CT 05514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, JUNE
25 GRAY ST
BOSTON MA 02116** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WONG, CECILIA
6 FANEUIL HALL MARKETPLACE
BOSTON MA 02109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, WILLIAM
42 ELIZABETH ST
NEW HAVEN CT 06511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 SUSAN GILBERT

Date

Daytime Phone #

CR2E034 (10/02)