2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90053 031 ***150.00

000230202 AT

DOCUMENT # F00000004379

1. Entity Name
CROSSMEDIACEM, INC.

Principal Place of Business	Mailing Address
1280 UTE AVENUE. SUITE 1 ASPEN CO 81611	1280 UTE AVENUE. SUITE 1 ASPEN CO 81611

H0037270

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 HURT PLAZA	GOLIN/HARRIS INTERNATIONAL
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc. 111 E. WACKER DR 10TH FL
City & State ATLANTA GA	City & State CHICAGO IL
Zip / Country 30303 / USA	Zip / Country 60601 / USA

4. FEI Number 22-3736687 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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.

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 $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD CAMERA, NICHOLAS J 1271 AVENUE OF THE AMERICAS NEW YORK NY 10020	☐ Delete	T STEPHEN RUSSELL 111 E. WACKER DR 10TH FLOOR CHICAGO IL 60601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONTE, ALBERT 136 MADISON AVENUE NEW YORK NY 10017	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CURLEY, PAUL J 1271 AVENUE OF THE AMERICAS NEW YORK NY 10020	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERNS, STEVEN D 136 MADISON AVENUE NEW YORK NY 10017	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 2.7.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #