

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90119 032 ***150.00

DOCUMENT # F00000007105

1. Entity Name
M5 NETWORKS, INC.

Principal Place of Business

25 W 38TH STREET
2ND FLOOR
NEW YORK NY 10018

Mailing Address

90 ALTON RD., #2603
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4120189

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

KIM, PHILLIP
90 ALTON RD., #2603
MIAMI BEACH FL 33139

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 CV ☐ Delete
NAME KIM, PHILLIP
STREET ADDRESS 90 ALTON RD., #2603
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE Vice President ☒ Change ☐ Addition
NAME Kim, Phillip
STREET ADDRESS 283 Ocean Ave
CITY-ST-ZIP Islip, NY 11751
address.

TITLE VCP ☐ Delete
NAME ANDERSON, SCOTT
STREET ADDRESS 97 LEXINGTON AVE., #5A
CITY-ST-ZIP NEW YORK NY 10016

TITLE Vice President ☒ Change ☐ Addition
NAME Anderson, Scott
STREET ADDRESS 215 Grand St., #2F
CITY-ST-ZIP Hoboken, NJ 07030
address

TITLE DS ☐ Delete
NAME ERDE, MICHAEL
STREET ADDRESS 9-01-44M DRIVE
CITY-ST-ZIP LONG ISLAND CITY NY 11101

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME Hoffman, Dan
STREET ADDRESS 410 West 24th St., #6H
CITY-ST-ZIP New York, NY 10011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

Daytime Phone #

CR2E034 (9/01)