FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90035 033 ***150.00

DOCUMENT # F01000000248

1. Entity Name
Black Entertainment Television, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1235 W Street NE	c/o Michael D. Fricklas
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1515 Broadway
City & State Washington D.C	City & State New York, NY
Zip 20018 Country USA	Zip 10036 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1163903 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Debra L. Lee
NAME	
STREET ADDRESS	1235 W Street NE
CITY-ST-ZIP	Washington D.C. 20018
TITLE	Chairman DIR
NAME	Robert L. Johnson
STREET ADDRESS	1235 W Street NE
CITY-ST-ZIP	Washington DC 20018
TITLE	SEC
NAME	Byron F. Marchant
STREET ADDRESS	1235 W Street NE
CITY-ST-ZIP	Washington DC 20018
TITLE	EVP
NAME	Michael D. Fricklas
STREET ADDRESS	1515 Broadway
CITY-ST-ZIP	New York, NY 10036
TITLE	AS
NAME	Katherine B. Rosenberg
STREET ADDRESS	1515 Broadway
CITY-ST-ZIP	New York, NY 10036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/22/02 212-258-6847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katherine B. Rosenberg
Date Daytime Phone #