

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90400 031 ***150.00

DOCUMENT # F02000003966

1. Entity Name

Pop Channel Productions Inc

DO NOT WRITE IN THIS SPACE

10080770

2. Principal Place of Business

1515 Broadway

Suite, Apt. #, etc.

c/o Michael D. Fricklas

1515 Broadway

New York, NY 10036

DO NOT WRITE IN THIS SPACE

City & State

New York NY

Number

01-0548846

Applied For

Not Applicable

Zip

10036

Country

USA

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 Hayes Street

City

Tallahassee

FL

Zip Code

32301-2525

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) ☐

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	DIR / VP / TR
NAME	Robert G. Freedline
STREET ADDRESS	1515 Broadway
CITY - ST - ZIP	New York, NY 10036
TITLE	DIR / EVP / Sec.
NAME	Michael D. Fricklas
STREET ADDRESS	1515 Broadway
CITY - ST - ZIP	New York, NY 10036
TITLE	DIR / VP
NAME	Susan C. Gordon
STREET ADDRESS	1515 Broadway
CITY - ST - ZIP	New York, NY 10036
TITLE	VP / AS
NAME	Jane R. Fuerst
STREET ADDRESS	1515 Broadway
CITY - ST - ZIP	New York, NY 10036
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jane R. Fuerst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane R. Fuerst, Assistant Secretary
212-258-6847 04/1/03

CR2E034B (12/01)