2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

05 JAN -3 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000005320

1. Entity Name

ATX Licensing, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2100 Renaissance Blvd<br>Suite, Apt. #, etc | 2100 Renaissance Blvd.<br>Suite, Apt. #, etc. |
| City & State: King of Prussia PA | City & State: King of Prussia PA |
| Zip: 19406 Country: USA | Zip: 19406 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-3039838 ☐ 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: NRAI Services, Inc.

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

526 E. Park Avenue

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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: President<br>NAME: Jeff Coursen<br>STREET ADDRESS: 2100 Renaissance Blvd<br>CITY-ST-ZIP: KOP PA 19406 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | 100043794661<br>01/03/05--01014--017 **150.00 |
| TITLE: Sr VP & Secretary<br>NAME: Chris Holt<br>STREET ADDRESS: 75 Broad St 27th Fl<br>CITY-ST-ZIP: NY NY 10004 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE: Sr VP & Treasurer<br>NAME: Neil Peritz<br>STREET ADDRESS: 2100 Renaissance Blvd<br>CITY-ST-ZIP: KOP PA 19406 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | **DO NOT WRITE IN THIS SPACE** |
| TITLE: Director<br>NAME: Barclay Knapp<br>STREET ADDRESS: 110 E 59th St 26th Fl<br>CITY-ST-ZIP: NY NY 10004 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE: Director<br>NAME: Thomas Gravina<br>STREET ADDRESS: 2100 Renaissance Blvd<br>CITY-ST-ZIP: KOP PA 19406 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE: Director<br>NAME: Michael Peterson<br>STREET ADDRESS: 2100 Renaissance Blvd<br>CITY-ST-ZIP: KOP PA 19406 | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |

CR2EC 48 (1-02)

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

**SIGNATURE:** _____ 12-28-04 610-755-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #