

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 050 ***150.00

DOCUMENT # F03000005320

1. Entity Name
ATX LICENSING, INC.



Principal Place of Business
2100 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406 US

Mailing Address
2100 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406 US

60015175



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
23-3039838

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, BARCLAY	
STREET ADDRESS	110 E 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAVINA, THOMAS	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, MICHAEL	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COURSEN, JEFF	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HOLT, CHRIS	
STREET ADDRESS	75 BROAD STREET, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	PERITZ, NEIL	
STREET ADDRESS	2100 RENAISSANCE BLVD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Larsen	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Steinberg	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Cummings	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Larsen	
STREET ADDRESS	315 Park Avenue South, 11th floor	
CITY-ST-ZIP	New York, NY 10010	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Epstein	
STREET ADDRESS	2100 Renaissance Blvd.	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Epstein

1/31/06

610-755-4000

Date

Daytime Phone #