

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # F04000005240

1. Entity Name
GROW.NET, INC.



Principal Place of Business
**2 PENN PLAZA
6TH FL
NEW YORK, NY 10121**

Mailing Address
**1221 AVE OF THE AMERICAS
TAX DEPT - 48TH FLR
NEW YORK, NY 10020-1095**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4106860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALASPINA, MARK 386 PARK AVENUE SOUTH, 15TH FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, FRANK 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUETTA, DANIEL 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELBY, THOMAS 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HIRSCHBERG, HENRY 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MICALLEF, JOSEPH 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121

**DO NOT WRITE
IN THIS SPACE**

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05/03/07-80070-012 150.00

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.

**Frank J. Kaufman
Vice President**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (212) 512-4362
Date Daytime Phone #