## 2006 FOR PROFF CORPORATION ANNUAL REPORT

## Aug 21, 2006 8:00 am Secretary of State DOCUMENT # F05000003236 08-21-2006 90003 005 \*\*\*158.75 NEXT AT BAT LENDING, INC. Principal Place of Business Mailing Address 50025746 33 MAIDEN LANE, 7TH FL 33 MAIDEN LANE, 7TH FL NEW YORK, NY 10038 NEW YORK, NY 10038 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 05242006 Cha-P City & State City & State 4. FEI Number Applied For 20-2581616 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324: City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition BIERFRIEND, GARY NAME NAME STREET ADDRESS 33 MAIDEN LANE STREET ADDRESS NEW YORK, NY 10038 CITY-ST-ZIP CITY-ST-ZIP EVP: Secretary TITLE Delete **C**hange TITLE ☐ Addition Sean MCGra MCGRATH, SEAN NAME NAME STREET ADDRESS 33 MAIDEN LANE STREET ADDRESS NEW YORK, NY 10038 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CUTI, JOHN NAME NAME STREET ADDRESS 33 MAIDEN LANE STREET ADDRESS NEW YORK, NY 10038 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EPSTEIN, DON NAME NAME 33 MAIDEN LANE STREET ADDRESS STREET ADDRESS NEW YORK, NY 10038 CITY-ST-ZIP CITY+ST-ZIP □ Delete TITLE ☐ Change ☐ Addition KUKAFKA, PHIL NAME NAME STREET ADDRESS 33 MAIDEN LANE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10038 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

In this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental re of the corporation or the receiver or trust changed, or on an attachment with an SIGNATURE:

12. I hereby certify that the information supplied