2004 FOR PROFIT CORPORATION

Aug 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F93000002445 08-03-2004 90009 033 ***150.00 AFFIRMATIVE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 120 WOOSTER STREET 402 GATLIN AVE NEW YORK, NY 10012 ORLANDO, FL 32806 US 2. Principal Place of Business 161 AVENUE OF THE AMELIOFS 3. Mailing Address Suite, Apt. #, etc. CR2E034 (10/03) 07282004 Chg-P City & State NEW YORK City & State 4. FEI Number Applied For 13-3112980 Not Applicable Zip Zip 10013 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUBELT, PAUL C Street Address (P.O. Box Number is Not Acceptable) **402 GATLIN AVE** ORLANDO, FL 32806 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VP Change TITLE ☐ Delete TITLE ☐ Addition JUBELT, ANDREW D -NAME NAME 161 NENUE OF THE AMERICAS 120 WOOSTER ST STREET ADDRESS STREET ADDRESS .CLTY-ST-ZIP NEW YORK, NY 10012 CITY-ST-ZIP NEW YOLK, NY 10013 CFO TITLE ☐ Delete TITLE Change ☐ Addition HRVATIN: JOHN J NAME NAME 161 AVENUE OF THE AMERICAS STREET ADDRESS 120 WOOSTER ST STREET ADDRESS CITY-ST-7IP CITY-ST-7/P NEW YORK, NY 10012 NEW YORK NY 10013 Delete TITLE ☐ Addition TITLE Change Ch JUBELT, ANDREW NAME NAME 161 AVENUE OF THE AMERICAS STREET ADDRESS 120 WOOSTER STREET STREET ADDRESS City-St-7iP NEW YORK, NY 10012 CITY- ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 Block 11 if

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

212-925-9600

FILED