2000 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2000 8:00 am Secretary of State DOCUMENT # F9400005481 1. Entity Name U.S.N. MANAGEMENT, INC. 04-01-2000 90001 011 ***150.00 Mailing Address Principal Place of Business PONCE DE LEON BLVD. 125 THEODORE CONRAD DRIVE **BOOM 649** \cup ω ω ω ω JERSEY CITY NJ 07305-4615 ்ட்ட் GABLES FL 33134 US 3. Mailing Address 2. Principal Place of Business 125 THEODORE CONRAD DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0521923 Not Applicable Jersey Cit \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATE 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 3.5This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCE0 Change ☐ Delete TITLE TITLE DRASNER, FRED NAME NAME: STREET ADDRESS 450 W 33RD STREET STREET ADDRESS CITY-ST-ZIP **NEW YORK NE 10001** CITY-ST-ZIP 5 **X** Addition EVP Change ☐ Delete TITLE KRALL, MARTIN NAME NAME 450 W 33RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW YORK NE 10001 ☐ Change Addition TITLE ☐ Delete TITLE PECK, THOMAS H NAME NAME 125 THEODORE CONRAD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ 07305 Change ☐ Addition Director TITLE TITLE Mortimer B. Zuckerman ☐ Delete NAME NAME 599 Lexington AVE STREET ADDRESS STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Director Delete TITLE Fred Drasner as street us b West 33rd street NAME STREET ADDRESS STREET ADDRESS NULYORK, NY 10001 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Markin D. Krall March 24, 2000 Partine Phone #