FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am DOCUMENT # F9400006149 Secretary of State 1. Entity Name CHANNELEX, INC. 03-20-2001 90014 046 ***150.00 Principal Place of Business Mailing Address 498 SEVENTH AVENUE C/O GOULD & WILKIE NEW YORK NY 10018 1 CHASE MANHATTAN PLAZA NEW YORK NY 10005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2563826 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME D'ANGELO, ARTHUR E STREET ADDRESS STREET ADDRESS **498 SEVENTH AVENUE** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10018** VPTD ☐ Change ☐ Addition Delete TITI F TITLE DOLAN, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 498 SEVENTH AVENUE CITY-ST-ZIP CITY-ST-ZIF **NEW YORK NY 10018** TITLE TITLE Change Addition ☐ Delete NAME D'MARCO, CAROL NAME STREET ADDRESS STREET ADDRESS 498 SEVENTH AVENUE CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10018 ☐ Addition TITLE ASD ☐ Delete TITLE Change NAME KOPCSAK, MICHAEL J NAME 498 Seventh Avenue STREET ADDRESS STREET ADDRESS C/O GOULD & WILKIE, 1 CHASE MANHATTAN PLAZ CITY-ST-ZIP **NEW YORK NY 10005** New York, NY 10018 Addition ☐ Delete TITLE A/T TITLE NAME NAME JAYES, PETER W. HAYES, PETER W STREET ADDRESS STREET ADDRESS 498 SEVENTH AVENUE CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY 10018** ☐ Detete TITLE ☐ Change Addition TITLE NAME 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.

SIGNATURE: Michael J. Kopcsak 3/12/01 (212)297-7439

BIGNATURE AND TYPES OR PRINTER HAVE OF SIGNING OFFICER OR DIRECTOR.

Date: Description of the Control of the Contro