

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 044 ***150.00

DOCUMENT # F96000001423					
1. Entity Name A.R.C. NETWORKS, INC.					
Principal Place of Business 39 BROADWAY 19TH FLOOR 19TH FLOOR NEW YORK, NY 10006 US			Mailing Address 39 BROADWAY 19TH FLOOR 19TH FLOOR NEW YORK, NY 10006 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2100 Renaissance Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State King of Prussia, PA		4. FEI Number 11-3240814	
Zip		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME GINSBERG, JEFF STREET ADDRESS 39 BROADWAY 19TH FLOOR CITY - ST - ZIP NEW YORK, NY 10006	<input checked="" type="checkbox"/> Delete		TITLE President NAME Michael K. Robinson STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME LEWIS, ADAM STREET ADDRESS 39 BROADWAY 19TH FLOOR CITY - ST - ZIP NEW YORK, NY 10006	<input checked="" type="checkbox"/> Delete		TITLE Vice President / Secretary NAME Charles C. Hunter STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TCFO NAME KAZAR, ED STREET ADDRESS 39 BROADWAY 19TH FLOOR CITY - ST - ZIP NEW YORK, NY 10006	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Corey Rinker STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Steve Tunney STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Samuel B. Rubenstein STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Robert M. Manning STREET ADDRESS 800 Westchester Ave, Suite N501 CITY - ST - ZIP Rye Brook, NY 10573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/20/08 914.922.7589 Date Daytime Phone #		