

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90008 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004780

1. Corporation Name
ALLIED DIGITAL, INC.



Principal Place of Business
**15 GILPIN AVE
HAUPPAUGE NY 11788**

Mailing Address
**140 FELL COURT
HAUPPAUGE NY 11788**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

11-2574949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CCEO** ☒ DELETE
NAME **FISHMAN, GEORGE N**
STREET ADDRESS **35 FROST CREEK DR**
CITY-ST-ZIP **LOCUST VALLEY NY 11560**

1.1 TITLE **CEO** ☐ Change ☒ Addition
1.2 NAME **John K. Mangini**
1.3 STREET ADDRESS **50 Pheasant Run**
1.4 CITY-ST-ZIP **Old Tappan, NJ 07675**

TITLE **D** ☒ DELETE
NAME **STONE, JERRY**
STREET ADDRESS **1251 WOODCREST CIRCLE**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 49304**

2.1 TITLE **EVP/ S** ☐ Change ☒ Addition
2.2 NAME **Emily Hill**
2.3 STREET ADDRESS **36 Timberline Circle**
2.4 CITY-ST-ZIP **Port Jefferson, NY 11777**

TITLE **D** ☒ DELETE
NAME **SMITH, WILLIAM H**
STREET ADDRESS **7375 WOODWARD AVE**
CITY-ST-ZIP **DETROIT MI 48202**

3.1 TITLE **C** ☐ Change ☒ Addition
3.2 NAME **Larry Glenn**
3.3 STREET ADDRESS **140 Fell Court**
3.4 CITY-ST-ZIP **Hauppauge, NY 11788**

TITLE **P** ☐ DELETE
NAME **OLESEN, DONALD L**
STREET ADDRESS **8 DONNA DR**
CITY-ST-ZIP **UPPER BROOKVILLE NY 11771**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Mike Delaney-Citicorp Venture LTD**
4.3 STREET ADDRESS **399 Park Avenue**
4.4 CITY-ST-ZIP **New York, NY 10022**

TITLE **V** ☒ DELETE
NAME **KAVANAUGH, CHARLES**
STREET ADDRESS **38 OAKDALE AVE**
CITY-ST-ZIP **FARMINGVILLE NY 11738**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Ian Highet-Citicorp Venture LTD.**
5.3 STREET ADDRESS **399 Park Avenue**
5.4 CITY-ST-ZIP **New York, NY 10022**

TITLE **S** ☒ DELETE
NAME **ZIEGLER, JOEL**
STREET ADDRESS **9 PHEASANT RD**
CITY-ST-ZIP **NISSEQUOGUE NY 11780**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **David Wagener-Wagener CapitalMGT**
6.3 STREET ADDRESS **575 Madison Avenue**
6.4 CITY-ST-ZIP **New York, NY 10022**

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

Emily Hill EVP 5-19-99 (516) 232-2323

CR2E034 (11/98)