## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **F96000006010** 1. Entity Name CARIBINER, INC. 02-14-2000 90037 030 \*\*\*158.75 Principal Place of Business Mailing Address 16 WEST 61ST STREET 16 WEST 61ST STREET UUUZUZ71 NEW YORK NY 10023 NEW YORK NY 10023-7606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2664093 Not Applicable Zip 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 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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) 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, 2000 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 12. Delete TITLE INGLEBY, RAYMOND S Christopher A. Sinclair STREET ADDRESS STREET ADDRESS 16 W. 61ST ST. 16 West 61st Street CITY-ST-ZIP CITY-ST-ZIP New York, NY 10023 **NEW YORK NY 10023** CFO ☐ Delete ☐ Addition TITLE TITLE ☐ Change **BURLINSON, ROBERT** NAME NAME STREET ADDRESS STREET ADDRESS 16 W. 61ST ST. CITY-ST-7IP CITY-ST-7IP **NEW YORK NY 10023** TITLE ☐ Delete Addition mond Canasa CANOSA, RAYMOND NAME NAME STREET ADDRESS 16 West 61st Street STREET ADDRESS 16 WEST 61ST ST CITY-ST-ZIP New York, NY 10023 Assistant Secretary CITY-ST-7IP NEW YORK NY 10023 Change ☐ Delete TITLE Harold E. Schwartz NAME NAME STREET ADDRESS STREET ADDRESS 16 West 61st Street CITY-ST-ZIP CITY-ST-ZIP New York, NY 10023 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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