
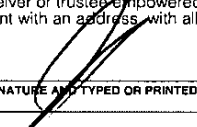


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90560 044 \*\*\*150.00

<b>DOCUMENT # F97000000480</b> 1. Entity Name <b>ERT DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170</b>			Mailing Address <b>420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>33-0659288</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DILL, R. JOSEPH ESQ. % ERACLIDES JOHNS HALL GELMAN, ET AL 4811 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO RUFANO, GLEN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Glenn J. Rufrano 420 Lexington Avenue, 7th Floor New York, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERNSTEIN, DEAN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Dean Bernstein 420 Lexington Avenue, 7th Floor New York, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, SCOTT 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOEVP John Roche 420 Lexington Avenue, 7th Floor New York, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOE ROCHE, JOHN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOEVP John Roche 420 Lexington Avenue, 7th Floor New York, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BRUMBERG, LEONARD 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Leonard Brumberg 420 Lexington Avenue, 7th Floor New York, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SIEGEL, STEVEN F 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP Steven F. Siegel 420 Lexington Avenue, 7th Floor New York, NY 10170
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 			Steven F. Siegel		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/6/2005 (212) 869-3000		