

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90383 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F97000000480**

1. Entity Name  
**ERT DEVELOPMENT CORPORATION**



Principal Place of Business  
**1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036**

Mailing Address  
**1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036**

2. Principal Place of Business

3. Mailing Address  
**Att: Marie Georges**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**33-0659288**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHETTE, OWEN, HELD & MCBURNEY  
1301 RIVERPLACE BLVD.  
SUITE 1916  
JACKSONVILLE, FL 32207**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DCEO  
RUFRANO, GLEN  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DSVP  
BERNSTEIN, DEAN  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SVP** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
MACDONALD, SCOTT  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**CFOE  
ROCHE, JOHN  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVP  
BRUMBERG, LEONARD  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVP  
SIEGEL, STEVEN F  
1120 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DEVP** ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Steven F. Siegel

4/14/2003

(212)869-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)