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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800001073 1. Corporation Name

NETWORK THUNDER, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90133 027 ***150.00



Principal Place of Business Mailing Address								111	IBII44 IIIA FATAL	I SILI BBISI BI	[]]] 			EN HINT HINCH
C/O C. MCMOR	ROW	C/O C. MCMORROW												
51 WEST 52 ST		51 WEST 52 ST. NEW YORK NY 10019				ļ	DO NOT WRITE IN THIS SPACE							
NEW YORK NY	10019	NEW TONK NT 10019				3	3. Date Incorporated or Qualifed							
								02/25	/1998					
2 Principal Pl	ace of Business	2a. Mailing Address					4	4. FEI Number				Applied For		
21	000 0. 200000	26						62-1725787					Not Applicable	
Suite, Act. #, etc.		Suite, Apt, #, etc.								Davis		\$8.7	5 Add	litional
22		27				5	5. Certifo	ite of Status	Desired		Fee	Recu	ired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be						ay Be		
23		28					Trust Fund Contribution Added to Fees							
Zip Cour try		Zip Cour			ntry		8	8. This corporation owes the current year						
24	25	2930				Personal Property Tax. Yes No							No	
	9. Name and Address of Curren	t Registered Ag	ent				10). Name	and Addres	s of New	Registere	d Agent		
				{	81	Name								
	CORPORATION SYSTEM		1	82	Street A	Acdress (Iress (P.O. Box Number is Not Acceptable)							
	SOUTH PINE ISLAND ROAD							` 		·				
PLAN	ITATION FL 33324			18	83									ļ
				<u> </u>	84	City						. 85 Z	ір Сж	de
						-					F			
office criti	to the provisions of Sections 607.050 egistered agent, or bo h, in the State in familiar with, and accept the obligat	of Florida. Such o	change was au	thorized l	bv tn	named one corpo	ccrporation s t	on submit board of c	s this statem irectors. I he	ent for the ereby acce	purpose pt the app	of changing cointment as	its reg regis	gistered tered
SIGNATURE							<u></u>							
	Signature, typed or printed na ne of registered ager		(NOT E. F		kgent s	signature re	edr keq wyer	reinstating)		F0 T0 0	BATE	ND DIDEC	TOL	2 IN 12
12.		DIRECTORS		13.				ADDITION	NS/CHANG	ES 10 01	FILERS /	Chang		Addition
TITLE	P			1.1 TITL									90	
NAME	MITZNER, DONALD H		H	12 NAME									1	
STREET ADDRE 3S	250 HARBOR DRIVE			13 STREET ADDRESS									1	
CITY-ST-ZIP	STAMFORD CT				.4 CITY-ST-ZIP							Chan		Addition
TITLE	V				2.1 TITLE							L Chan	ye	Accuson
NAME	COULTER, LEROY			2.2 NAM										
STREET ADDRE 3S	250 HARBOR DRIVE			2.3 STR	EETA	DDRESS								
CITY-ST-ZIP	STAMFORD CT		_	2. 4 CITY-ST-ZIP							Chan		Addition	
TITLE	- <u> </u>		1	3.1 TITLE							Chan	90		
NAME	WOWOTHOW, OBUIL A		1	3.2 NAME										
STREET ADDRE 3S	51 WEST 52 STREET			3 3 STREET ADDRESS										
CITY-ST-ZIP	NEW YORK NY	F7. DEL ETE		_	34 CITY-ST-ZIP		VPT					Chan		XAddition
TITLE	TD		DELETE 41TI						Facid			□ cnan	9 c	Ty Addition
NAME	MORF, CLAUDIA E			4. 2 NAJ	ME	ļ	2016	eman,	Farid					
STREET ADDRE 3S	11 STANWIX STREET			4.3 STR	REETA	ADDRESS			57th St					
CITY-ST-ZIP	NEW YORK NY	_		4.4 CITY		ZIP	<u>New</u>	York	<u>, N</u> Y .	.0019				☐ Addition
TITLE	CD		DELETE	5.1 TITL								Chan	ye	
NAME	BRISKMAN, LOUIS J			5.2 NAME										
STREET ADDRE 3S	51 WEST 52 STREET	E3) 32 3 INLL1				DDRESS								
CITY-ST-ZIP	NEW YORK NY			5.4 CITY-		ZIP								CT Address
TITLE	D		DELETE	6.1 TITL								☐ Chaп	ge	Addition
NAME	REYNOLDS, FREDRIC G			6 2 NAM		l								
STREET ADDRE 3S	51 WEST 52 STREET			63 STR	REETA	ODRESS								
CITY-ST-ZIP	NEW YORK NY			6.4 CITY	Y-ST-	ZIP								

14. I hereb / certify that the information indicated on this annual report or suppliemental 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, 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 and typed on Printed name of Signing Officer on Director Secretary
re A. McMorrow-Castro, Secretary