

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001073

1. Entity Name

NETWORK THUNDER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 044 ***150.00

Principal Place of Business

Mailing Address

C/O C. MCMORROW
51 WEST 52 ST.
NEW YORK NY 10019

C/O C. MCMORROW
51 WEST 52 ST.
NEW YORK NY 10019-6119

2. Principal Place of Business

C/O C. MCMORROW - CASTRO

3. Mailing Address

C/O C. MCMORROW - CASTRO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

51 W. 52 ST.

51 W. 52 ST.

City & State

City & State

NEW YORK, NY

NEW YORK, NY

Zip

Country

Zip

Country

10019

U.S.A.

10019

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1725787

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MITZNER, DONALD H
STREET ADDRESS 250 HARBOR DRIVE
CITY-ST-ZIP STAMFORD CT

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

TITLE V ☒ Delete
NAME COULTER, LEROY
STREET ADDRESS 250 HARBOR DRIVE
CITY-ST-ZIP STAMFORD CT

TITLE V ☐ Change ☒ Addition
NAME DE PALMA, JOSEPH
STREET ADDRESS 250 HARBOR DR.
CITY-ST-ZIP STAMFORD, CT 06904

TITLE S ☐ Delete
NAME MCMORROW, CLARE A
STREET ADDRESS 51 WEST 52 STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE VPT ☐ Delete
NAME SULEMAN, FARID
STREET ADDRESS 40 WEST 57H STREET
CITY-ST-ZIP NEW YORK NY 10019

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

TITLE CD ☒ Delete
NAME BRISKMAN, LOUIS J
STREET ADDRESS 51 WEST 52 STREET
CITY-ST-ZIP NEW YORK NY

TITLE P ☐ Change ☒ Addition
NAME KARMAZIN, MEL A.
STREET ADDRESS 51 W. 52 ST.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D ☐ Delete
NAME REYNOLDS, FREDRIC G
STREET ADDRESS 51 WEST 52 STREET
CITY-ST-ZIP NEW YORK NY

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

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARE MCMORROW-CASTRO / CLARE MCMORROW-CASTRO 4/2/00 212-975-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)