

2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 182

04/20/04

DOCUMENT # F98000001073

1. Entity Name

NETWORK THUNDER, INC.

FILED

01 MAR 27 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O C MCMORROW-CASTRO
51 W 52 ST
NEW YORK NY 10019
US

Mailing Address

C/O C MCMORROW-CASTRO
51 W 52 ST
NEW YORK NY 10019
US

2. Principal Place of Business

3. Mailing Address

40 Michael D. Frickles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1515 Broadway

City & State

City & State

New York, NY

4. FEI Number

62-1725787

Applied For

Not Applicable

Zip

Country

Zip

10036

Country

USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code 32301

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.

Laura R. Dunlap
as its agent

SIGNATURE *Laura R. Dunlap*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/01

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	MITZNER, DONALD H	
STREET ADDRESS	250 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEPALMA, JOSEPH	
STREET ADDRESS	250 HARBOR DR	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW, CLARE A	
STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SULEMAN, FARID	
STREET ADDRESS	40 WEST 57H STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARMAZIN, MEL A	
STREET ADDRESS	51 W 52 ST	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, FREDRIC G	
STREET ADDRESS	51 WEST 52 STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	DEVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Frickles	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.

SIGNATURE: *Denew. Stack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denew. Stack
Ass. Sec.

Date

Daytime Phone #

212
258-6874

CR2E034 (10/00)



PAGE 202

ACCOUNT NO. : 072100000032

REFERENCE : 092211 4319220

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : March 26, 2001

ORDER TIME : 11:32 AM

ORDER NO. : 092211-010

CUSTOMER NO: 4319220

CUSTOMER: Ms. Dolores A. Riccuiatti
Viacom Inc.
1515 Broadway
51st Floor
New York, NY 10036

CHANGE OF AGENT

NAME: NETWORK THUNDER, INC.

RECEIVED
01 MAR 27 PM 1:05
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds