

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005368

1. Entity Name

ANGRAM, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90059 002 ***150.00

Principal Place of Business

4114 NORTHLAKE BLVD
SUITE 302
PALM BEACH GARDENS FL 33410

Mailing Address

4114 NORTHLAKE BLVD
SUITE 302
PALM BEACH GARDENS FL 33410-6271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3819687

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHELIHAN, JOSEPH
4114 NORTHLAKE BLVD., SUITE 302
PALM BEACH GARDENS FL 33410

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDV
TASCO, FRANK
1166 AVE OF THE AMERICAS 43RD FLOOR
NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
SALYARD, ROBERT
530 MULBERRY LANE
HAVERFORD PA 19041 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOT
CORDANI, JOSEPH
257 MAIN STREET
TORRINGTON CT 06790 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
WHELIHAN, JOSEPH T
4114 NORTHLAKE BLVD., SUITE 302
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENDRICK, CLINTON J
430 PARK AVE 6TH FLOOR
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TESE, VINCENT
245 PARK AVE, 3RD FLOOR
NEW YORK NY 10167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Walter O'Connor
20 Deer Path
Holmdel NJ 07733 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Corporate Secretary
Julie Sarkozy
4114 Northlake Blvd. # 302
Palm Beach Gardens, FL 33410 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Bruce Cowen
2724 Paseo Peregrino
San Juan Capistrano, CA 92675 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Peter Laqueur
278 Old Sib Road
Ridgefield, CT 06877 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
ELLIOT M. BERMAN
319 AZALEA ST
PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Corporate Secretary
Elliot M. Berman
319 Azalea St.
Palm Beach Gardens, FL 33410 ☐ Change ☒ Addition

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: Joseph T. Whelihan, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 622-4202

CR20034 10/99