2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000005862 Sep 19, 2000 8:00 am Secretary of State 1. Entity Name NEW-U STUDIOS HOLDINGS, INC. 09-19-2000 90101 001 *2,200.00 Mailing Address Principal Place of Business 152 W. 57TH ST. 152 W. 57TH ST. 42RD FL NEW YORK NY 10019 # V J O J NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3490978 Not Applicable \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ∭¥ddition TITLE TITLE ☐ Delete MICHAEL SILECL KAUFMAN, VICTOR A NAME NAME 152 WEST 57th steat, 4240 Floor 152 WEST 57TH STREET STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP ☐ Change Delete ROGER CLANK , AT TITLE HELD, JAMES G NAME NAME 152 WEST 57th SHEET, 42NO FlOOR 1 HSN DRIVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP New YORK , NY 10019 Change Addition ☐ Delete TITLE TITLE Julius Genachowski . GALLAGHER, JAMES G NAME NAME 152 WEST 57th SHEET, 42NO Floor 1 HSN DRIVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP NEW YORK, MY 10019 CITY-ST-ZIF Change ☐ Addition ☐ Detete TITLE TITI F TROSPER, JED B NAME NAME 1 HSN DRIVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete DURNEY, MICHAEL P NAME NAME 152 W. 57TH ST. STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE 🚺 Delete KUHN, THOMAS J NAME NAME

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 supplier ental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

152 W. 57TH ST.

NEW YORK NY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR