

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90195 014 ***150.00

0441512

DOCUMENT # F99000001730

1. Entity Name

NETWORK EVENT THEATER, INC.

Principal Place of Business

529 5TH AVE. 7TH FLOOR
 NEW YORK NY 10017

Mailing Address

529 5TH AVE. 7TH FLOOR
 NEW YORK NY 10017

00058387

2. Principal Place of Business

28 WEST 23 STREET
 Suite, Apt. #, etc.
6 FLOOR

3. Mailing Address

28 WEST 23 STREET
 Suite, Apt. #, etc.
6 FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10010

Country

USA

Zip

10010

Country

USA

4. FEI Number

13-3864111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☒ Delete
 NAME **LEEDS, DON**
 STREET ADDRESS **529 5TH AVE, 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **VST** ☒ Delete
 NAME **RESNICK, BRUCE L**
 STREET ADDRESS **529 5TH AVE, 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **C** ☐ Delete
 NAME **PELTZ, HARLAN D**
 STREET ADDRESS **529 5TH AVE, 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **T** ☐ Delete
 NAME **LABRUNA, PETER**
 STREET ADDRESS **529 5TH AVE 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **PCEO** ☐ Delete
 NAME **LUCCHESI, JAMES**
 STREET ADDRESS **529 5TH AVE 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** ☐ Change ☒ Addition
 NAME **ENGELMAN, IRWIN**
 STREET ADDRESS **28 W 23 ST, 6th Floor**
 CITY-ST-ZIP **NEW YORK, NY 10010**

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

TITLE **C** ☒ Change ☐ Addition
 NAME **PELTZ, HARLAN D**
 STREET ADDRESS **28 W 23 ST, 6 FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10010**

TITLE **T** ☒ Change ☐ Addition
 NAME **LABRUNA, PETER**
 STREET ADDRESS **28 W 23 ST 6 FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10010**

TITLE **PCEO** ☒ Change ☐ Addition
 NAME **LUCCHESI, JAMES**
 STREET ADDRESS **28 W 23 ST 6 FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10010**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/27-2001

212-622-7300

Date

Daytime Phone #

CR2E034 (10/00)