2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005331 Aug 17, 2000 8:00 am Secretary of State MARCADE GROUP REALTY CORP. 07-13-2000 90009 042 ***550 00 Principal Place of Business Mailing Address 1411 BROADWAY 12TH FLOOR 1411 BROADWAY 12TH FLOOR NEW YORK NY 10018 NEW YORK NY 10018 2. Principal Place of Business . 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3572681 Not Applicable Zia Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zin 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. 6 23 12000 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. 66/6) C ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME SIMON, ARNOLD STREET ADDRESS STREET ADDRESS 1411 BROADWAY 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10018 Change ☐ Addition TITLE D٧ Delete TITLE NAME FIDLON, DAVID STREET ADDRESS STREET ADDRESS 1411 BROADWAY 12TH FLOOR CRY-ST-ZIP CITY-ST-2IP NEW YORK NY 10018 ☐ Change __ ☐ Addition-TITLE Total Defete TITLE . -- _ SPECTOR, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1411 BROADWAY 12TH FLOOR CHTY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10018 Addition Change TITLE Delete NAME NAME italic Broadway 12m Ph STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE - 🔲 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-77P 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. 12) 790-6653

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR