

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 99000005965

1. Entity Name

MCG Intermediate Holdings Inc.

FILED
Sep 15, 2000 8:00 am
Secretary of State

07-26-2000 90018 040 ***150.00
09-15-2000 90015 046 ***150.00

Principal Place of Business Mailing Address
5900 North Andrews Avenue 5900 North Andrews Avenue
Suite 1101, Fort Lauderdale, FL 33309 Suite 1101, Fort Lauderdale, FL 33309
Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33309

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
02-0480774 Not Applicable

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
	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. **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	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perelman, Ronald O.		NAME		
STREET ADDRESS	35 East 62nd Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gittis, Howard		NAME		
STREET ADDRESS	35 East 62nd Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10021		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Barry F.		NAME		
STREET ADDRESS	35 East 62nd Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10021		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickes, Glenn P.		NAME		
STREET ADDRESS	35 East 62nd Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10021		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kessel, Gerry R.		NAME		
STREET ADDRESS	625 Madison Avenue		STREET ADDRESS		
CITY-ST-ZIP	New York 10022		CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schaffer, Marvin		NAME	Cook, David	
STREET ADDRESS	35 East 62nd Street		STREET ADDRESS	5900 North Andrews Ave., Suite 1101	
CITY-ST-ZIP	New York, NY 10021		CITY-ST-ZIP	Fort Lauderdale, FL 33309	

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: David L. Cook 9/9/00 (954) 938-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
F99000005965
A0078405

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

PER INSTRUCTIONS RECEIVED FROM YOUR DEPARTMENT OVER THE PHONE, I AM ENCLOSING:
A COMPLETED AND EXECUTED FORM FOR THE ABOVE REFERENCED CORPORATION ALONG WITH
A CHECK IN THE AMOUNT OF \$150.00.

I WISH TO THANK YOU FOR ALL THE HELP I HAVE RECEIVED IN CONNECTION WITH THIS MATTER.

DAVID L. COOK

ASSISTANT VICE PRESIDENT

1. REPORT OF THE BOARD OF DIRECTORS

[illegible]