Mailing Address

1221 COLLINS AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H75052** 1. Corporation Name ,

Principal Place of Business

1221 COLLINS AVE

THE BOX WORLDWIDE, INC.

| MIAMI BEACH I | FL 33139 | MIAMI BEACH FL 33139 US | | DO NOT WRITE IN THIS SPACE | | | | |
|---|--|---|---------------------|--|--|----------------|--------------|--|
| | <u> </u> | | | | 3Date:Incorporated:or Qualifed: | | | |
| | | | | | 09/10/1985 | · | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | 59-2605267 | No | t Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | | |
| | | 27 | <u> </u> | | U. Germonie V. Ger | Fee Re | • | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 | | |
| 23 | | 28 | | | Trust Fund Contribution | Added t | o Fees | |
| Zip | Country Zip | | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 29 30 | | | Personal Property Tax. | | | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Registere | u Agent | | |
| 14/t B/ | IC REGISTERED AGENTS, INC. | | " | Name | · | . <u> </u> | | |
| 701 BRICKELL AVE SUITE 2000 | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33131 | | | 83 | | | | | |
| MIAN | WI FL 33131 | | 83 | 1 | | | 1 | |
| | | | 84 | City | · F | 85 Zip (| Code | |
| | | | | l | • | - | rogistered | |
| office or r | enictored agent or both in the State (| it Florida. Such change was aut | norizea ov | me coroc | corporation submits this statement for the purpose pration's board of directors. I hereby accept the app | ointment as re | gistered | |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Florid | ia Statutes | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable /NOTE: R | legistered Age | nt signature re | equired when reinstating) DATE | : | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 | |
| TITLE | Р | ▼ DELETE | 1.1 TITLE | | Pres CEO | Change | ☐ Addition | |
| NAME | MALONE, JOHN C | • | 1.2 NAME | | | | | |
| STREET ADDRESS | 5619 DTC PKWY., TERRACE TV | VR. II | 1.3 STREE | TADDRESS | Alan McGlade | D 7- | TT 9916 | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | | 1.4 CITY-S | T-ZIP | | Beach, | FL 3313 | |
| TITLE | COD | DELETE | 2.1 TITLE | | EVB COO | Change | ☐ Addition | |
| NAME | BENNETT, ROBERT R | • | 2.2 NAME | | Luann M Hoffman | • | | |
| STREET ADORESS | % LIBERTY MEDIA; 8108 E. PR | ENTICE AVE.#500 | 2.3 STREE | TADDRESS | 1221 Collins Ave. | | ĺ | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | | 2.4 CITY-5 | ST-ZIP | Miami Beach, FL 33139 | • | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | · ☐ Change | ☐ Addition { | |
| NAME | KOFF, DAVID B | | 3.2 NAME | | | | - | |
| STREET ADDRESS | 1221 COLLINS AVE | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | 3.4. CITY-5 | ST-ZIP | | · | | |
| TITLE | VS | ▼ DELETE | 4.1 TITLE | | SVP | Change | Addition | |
| _NAME | CARR, VIVIAN | ا معادل الأواد الذي الماد الذي ا | 4.2 NAME | ļ | Paul Sartain | | | |
| STREET ADDRESS | % LIBERTY MEDIA; 8108 E. PR | | 4.3 STREE | TADORESS | 1221 Collins Avez | | | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | | 4.4 CITY-S | T-ZIP | Miami Beach. FL 33139 | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | munit Bodon, 12 00100 | ☐ Change | ☐ Addition | |
| NAME | BENNETT, ROBERT R | | 5.2 NAME | | | | : | |
| STREET ADDRESS | 1221 COLLINS AVE | | 5.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | 5.4 CITY-S | T-ZIP | State of the state | 3 14 1 2 | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition | |
| NAME | FISHER DONNE F | | 6.2 NAME | | | | ĺ | |

14. 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 annual report or suppliemental annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on, an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

1221 COLLINS AVE

MIAMI BEACH FL 33139

Lugann M. Hoffman EVP COO

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90121 030 ***150.00