2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # H79693 1. Entity Name CITRUS ACQUISITION CORPORATION							04-23-2007 90093 015 ***150.00				
Principal Place of Business			М	Mailing Address			. 40010				
280 PARK AVE				280 PARK AVE							
24 FL NEW YORK, NY 10017 US				24 FL New York, NY 10017 US				1		DISH DISH DIB	. IEEE IEEE
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04032007	Chg-P	CR2E03	14 (12/06)	3
City & State				City & State			4. FEI Numb 65-006			— — —	plied For t Applicable
Zip	Country			Zip Coun		itry			8.75 Add		
	6. Name	l and Address of Curre	ınt Regis	stered Agent			7. Name and	Address of New I			
						Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						Street Address (P.O. Box Number is Not Acceptable)					
INCENTINGUEE, I E 02001-2020											
						City			FL	Zip Code	э
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.0											
10. ,	r	OFFICERS AN	ND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OF	FICER\$ AND	DIRECTOR	S IN 11
TITLE ,,						E				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		RK, NY 10017		CITY	-ST-ZIP					i	
TITLE	V CBOME	PODERT I		☐ Delete TITLE NAME						☐ Change	Addition
NAME STREET ADDRESS	CROWE, ROBERT J 280 PARK AVE, 41 FLR					ET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY				CITY	-ST-ZIP					
TITLE	PS Delete					E .				☐ Change	☐ Addition
NAME STREET ADDRESS	1	STUARTT KAVE. 42 FLR			NAM STRE	ET ADDRESS					
CITY-ST-ZIP	NEW YOR	RK, NY			CITY	-ST-ZIP					
TITLE	VCFO			☐ Defete	TITLI					Change	☐ Addition
NAME STREET ADDRESS		ON, FRANCIS T. K AVE, 41 FLR			NAM STRE	ET ADDRESS					
. CITY-ST-ZIP	NEW YOU				CITY	-ST-ZIP					,
TITLE	AS			☐ Delete	TITU					☐ Change	☐ Addition
NAME STREET ADDRESS		ARY, JANE A K AVE 41ST FL			MAN STRE	ET ADDRESS					
CITY-ST-ZIP		RK, NY 10017			- L	-ST-ZIP					ľ
TITLE				☐ Delete	TITL	I .				☐ Change	Addition
NAME STREET ADDRESS					NAM	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: Robert J. Crowe VP Taxes 4.16.07 212-451-3115 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D											