

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90400 033 ***150.00

DOCUMENT # J41907

1. Entity Name
OS FLORIDA, INC.



10

Principal Place of Business
**C/O MICHAEL D FRICKLAS
1515 BROADWAY
NEW YORK NY 10036
US**

Mailing Address
**C/O MICHAEL D FRICKLAS
1515 BROADWAY
NEW YORK NY 10036
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2795446**

Applied For
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

**PRENTICE
THE PRENTEER HALL CORP SYSTEM INC
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
NAME **LEVINE, WILLIAM S**
STREET ADDRESS **2502 N BLACK CANYON HWY**
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **DIR/VP** ☐ Change ☒ Addition
NAME **Susan C. Gordon**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

TITLE **DR** ☐ Delete
NAME **KELLY, WALLY C**
STREET ADDRESS **2502 N BLACK CANYON HWY**
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **PR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **FRICKLAS, MICHAEL D**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **DIR/EVP/SEC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **STRAKA, ANGELINE C**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **DIR/VP/TR** ☐ Change ☒ Addition
NAME **Robert G. Freedline**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

TITLE **AS** ☒ Delete
NAME **ROSENBERG, KATHERINE B**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **AS** ☐ Change ☒ Addition
NAME **Jane R. Fuerst**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **New York, NY 10036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute changed, or on an attachment with an address, with all other like empowered.

Jane R. Fuerst, Assistant Secretary
212-258-6847 04/1/03

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)