

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90457 023 \*\*\*150.00

**DOCUMENT # K12780**

1. Entity Name

**SONY BROADCAST EXPORT CORPORATION**

Principal Place of Business

**5201 BLUE LAGOON DRIVE  
 SUITE 400  
 MIAMI FL 33126  
 US**

Mailing Address

**1 SONY DR.  
 MD T1-20  
 PARK RIDGE NJ 07656  
 US**

2. Principal Place of Business

3. Mailing Address

**555 MADISON AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAX DEPARTMENT, 8<sup>TH</sup> FL**

City & State

City & State

**NEW YORK, NY**

4. FEI Number

**22-2867168**

Applied For

Not Applicable

Zip

Country

Zip

Country

**10022**

**US**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	DC	<input checked="" type="checkbox"/> Delete
NAME	OHKI, MITSUTU	
STREET ADDRESS	5201 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NEES, KENNETH L.	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARA, NAOFUMI	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZARATE, ALFONSO V	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALBY, KAREN	
STREET ADDRESS	5201 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROTH, STEPHANIE	
STREET ADDRESS	5201 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMINAGA, KOZO	
STREET ADDRESS	5201 Blue Lagoon Dr.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK M. LESHER	
STREET ADDRESS	5201 BLUE LAGOON DR.	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Stephanie H Roth*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034 (9/01)