## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # K41608** 1. Entity Name THE POST EDGE, INC. 05-04-2000 90181 048 \*\*\*150.00 Principal Place of Business Mailing Address 1111 LINCOLN ROAD 1111 LINCOLN ROAD 7TH FL MIAMI BEACH FL 33139-2452 MIAMI BEACH FL 33139 -3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0079286 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 **MIAMI FL 33156** 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ~FILE NOW!!!-FEE-IS-\$150.00~ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vice President-Operations TITLE Delete TITLE Nyoka Buyaki NAME NAME FAIRBOURNE, MICHAEL E STREET ADDRESS 1111 Lincoln Road STREET ADDRESS 240 PEGASUS AVENUE CITY-ST-ZIP CITY-ST-7IF Mia<u>mi</u> B<u>each, FL 33139</u> NORTHVALE NJ 07647 Vice President-Studio Operationshange VCFD Delete TITLE CRANE, STEVEN G NAME Timothy Fox NAME STREET ADDRESS STREET ADDRESS 240 PEGASUS AVENUE 1111 Lincoln road CITY-ST-ZIP CITY-ST-7IF NORTHVALE NJ 07647 <u> Miami Beach, FL 33139</u> TITLE Vice President-Engineering ☐ Change Addition EVP Delete TITLE NAME NAME CORTI, ROBERT John Berthier STREET ADDRESS STREET ADDRESS 1111 LINCOLN ROAD 1111 Lincoln Road CITY-ST-ZIP CITY-ST-ZIF MIAM! BEACH FL Miami Beach, FL 33139 Change ☐ Addition TITLE SD Delete NAME SHENDELL, EDWARD L NAME STREET ADDRESS STREET ADDRESS 240 PEGASUS AVENUE CITY-ST-ZIP CITY-ST-7IP NORTHVALE NJ 07647 President, Director ☐ Change Addition TITLE TITLE xx Delete SIRACUSANO, LOUIS H NAME Daniel Rosen STREET ADDRESS STREET ADDRESS 240 PEGASUS AVE 545 Fifth Avenue CITY-ST-7IP CITY-ST-ZIP NORTHVALE NJ 07647 New York, NY 10017 Change Addition TITLE □ Delete NAME HISLE, RANDALL W STREET ADDRESS STREET ADDRESS 1111 LINCOLN ROAD CITY-ST-7IP 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: Edward L. Shendell. Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MIAMI BEACH FL 33139

/27/00 201-784-2849