

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90492 007 ***150.00

DOCUMENT # **X41608**

1. Entity Name

THE POST EDGE, INC.

Principal Place of Business 1111 Lincoln Road 7th Fl. Miami Beach, FL 33139 US	Mailing Address 1111 Lincoln Road 7th Fl. Miami Beach, FL 33139-2452 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 520 Broadway Suite, Apt. #, etc. 5th Floor
---	--

City & State Zip	City & State Santa Monica, CA Zip 90401
-------------------------	--

4. FEI Number 65-0079286	Applied For Not Applicable
-----------------------------	-------------------------------

Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------	--

6. Name and Address of Current Registered Agent

Corporation Service Company
9200 South Dadeland Blvd.
Suite 508
Miami, FL 33156

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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

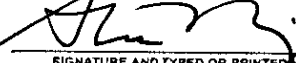
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Fairbourne, Michael E. 240 Pegasus Ave Northvale, NJ 07647 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Corti, Robert 1111 Lincoln Blvd. Miami Beach, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Shendell, Edward L. 240 Pegasus Ave Northvale, NJ 07647 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Operations Nyoka Buyaki 1111 Lincoln Road Miami Beach, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Studio Operations Timothy Fox 1111 Lincoln Road Miami Beach, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Daniel Rosen 545 Fifth Ave. New York, NY 10017 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D David P. Beddow 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert R. Bennett 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Fitzgerald 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Robert T. Walston 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Marcus O. Evans 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. Sharon L. Meymarian 520 Broadway, 5th Fl. Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  Sharon L. Meymarian, Asst. Sec., 04/13/01 (310) 434-7000

CR2E034 (11/00)