

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-22-2007 90051 003 \*\*\*550.00

**DOCUMENT # M99000002016**

1. Entity Name  
**THE BOX WORLDWIDE LLC**



Principal Place of Business  
**1515 BROADWAY  
NEW YORK, NY 10036**

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

**60055078**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**13-4088141**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **FRESTON, THOMAS E**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Judy McGrath**  
STREET ADDRESS **1515 Broadway**  
CITY-ST-ZIP **New York, New York 10036**

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

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

TITLE **MGR** ☒ Delete  
NAME **DOLAN, MICHAEL J**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR SEVP** ☐ Change ☒ Addition  
NAME **Thomas E. Dodey**  
STREET ADDRESS **195 Broadway**  
CITY-ST-ZIP **New York, New York 10036**

TITLE **AS** ☐ Delete  
NAME **FUERTE, JANE R**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR SVP** ☐ Change ☒ Addition  
NAME **Jacques Tortoroli**  
STREET ADDRESS **1515 Broadway**  
CITY-ST-ZIP **New York, New York 10036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Jane R. Fuerst* **Jane R. Fuerst - Asst Sec.** 8/20/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #