

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06809

1. Entity Name
ARIOLA EURODISC, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90010 017 ***150.00

Principal Place of Business

1540 BROADWAY
24TH FLOOR
NEW YORK NY 10036-4094
US

Mailing Address

1540 BROADWAY
24TH FLOOR
NEW YORK NY 10036-4094
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3255097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DORNEMANN, MICHAEL	
STREET ADDRESS	1540 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HOLTZ, ROLF S.	
STREET ADDRESS	1540 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DORNEMANN, MICHAEL	
STREET ADDRESS	1540 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHNEIDER, STANLEY H.	
STREET ADDRESS	1540 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	Sr. VP, Legal & Bus. Affairs	<input type="checkbox"/> Delete
NAME	Gen. Counsel & Secy.	
STREET ADDRESS	LaVerne Evans	
CITY-ST-ZIP	1540 Broadway New York, NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, Taxes	
STREET ADDRESS	Robert J. Sorrentino	
CITY-ST-ZIP	1540 Broadway, New York, NY 10036	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Sorrentino, VP, Taxes 1/24/02

Date

Daytime Phone #

CR2E034 (9/01)