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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:03

DOCUMENT # P31005 (2)

1. Corporation Name
METROMEDIA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
ONE MEADOWLANDS PLAZA E RUTHERFORD NJ 07073 US	ONE MEADOWLANDS PLAZA E RUTHERFORD NJ 07073 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 515 EAST AMITE ST
Suite, Apt. #, etc. 22
City & State 23 JACKSON MS
Zip 24 39201 Country 25 USA

2a. Mailing Address
26 PO BOX 23397
Suite, Apt. #, etc. 27
City & State 28 JACKSON MS
Zip 29 39225 Country 30 USA

4. FEI Number: 13-3580877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	PALMER, RICHARD	1.2 NAME	BERNARD EBBERS
STREET ADDRESS	ONE MEADOWLANDS PLAZA	1.3 STREET ADDRESS	515 EAST AMITE ST
CITY-ST-ZIP	EAST RUTHERFORD NJ	1.4 CITY-ST-ZIP	JACKSON MS 39201
TITLE	VS	2.1 TITLE	DELETE ☐ Change ☐ Addition
NAME	WADLER, ARNOLD L.	2.2 NAME	
STREET ADDRESS	1 MEADOWLANDS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	T ☒ Change ☐ Addition
NAME	MARESCA, ROBERT	3.2 NAME	SCOTT SULLIVAN
STREET ADDRESS	1 MEADOWLANDS PLAZA	3.3 STREET ADDRESS	515 EAST AMITE ST
CITY-ST-ZIP	EAST RUTHERFORD NJ	3.4 CITY-ST-ZIP	JACKSON MS 39201
TITLE	V	4.1 TITLE	D ☒ Change ☐ Addition
NAME	WIGOD, SEYMOUR	4.2 NAME	BERNARD EBBERS
STREET ADDRESS	1 MEADOWLANDS PLAZA	4.3 STREET ADDRESS	515 EAST AMITE ST
CITY-ST-ZIP	EAST RUTHERFORD NJ	4.4 CITY-ST-ZIP	JACKSON MS 39201
TITLE	V	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GREENE, KENNETH, A	5.2 NAME	JOHN W KLUGE
STREET ADDRESS	1 MEADOWLANDS PLAZA	5.3 STREET ADDRESS	515 EAST AMITE ST
CITY-ST-ZIP	EAST RUTHERFORD NJ	5.4 CITY-ST-ZIP	JACKSON MS 39201
TITLE	V	6.1 TITLE	D ☒ Change ☐ Addition
NAME	GASSLER, DAVID	6.2 NAME	JOHN A PORTER
STREET ADDRESS	1 MEADOWLANDS PLAZA	6.3 STREET ADDRESS	515 EAST AMITE ST
CITY-ST-ZIP	EAST RUTHERFORD NJ	6.4 CITY-ST-ZIP	JACKSON MS 39201

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [signature] 1-18-95 601-360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SCOTT SULLIVAN

039807B FP