

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90233 027 ***150.00

DOCUMENT # P31005

1. Corporation Name

METROMEDIA TECHNOLOGIES, INC.



Principal Place of Business
ONE MEADOWLANDS PLAZA
EAST RUTHEFORD NJ 07073
US

Mailing Address
ONE MEADOWLANDS PLAZA
EAST RUTHEFORD NJ 07073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKINGER, PHILIP	1.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHEFORD NJ	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOFFE, STEVEN	2.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHEFORD NJ	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARESCA, ROBERT	3.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHEFORD NJ 07073	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGOD, SEYMOUR	4.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHEFORD NJ 07073	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADLER, ARNOLD L	5.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSLER, DAVID	6.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHEFORD NJ 07073	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Steven Joffe STEVEN JOFFE

1/6/99 201/531-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)