2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90407 001 ***317.50

DOCUMENT # P93000057810

1. Entity Name

MEDIABAY, INC.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD. NW SUITE 222 BOCA RATON FL 33431	P.O. BOX 5002 BOCA RATON FL 33431-0802

DO NOT WRITE IN THIS SPACE

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 65-0429858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERRICK, NORTON 2295 CORPORATE BLVD, NW SUITE 222 BOCA RATON FL 33431	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) 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD HERRICK, NORTON 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, C, S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD HERRICK, MICHAEL 2295 CORPORATE BLVD. NW SUITE 222 MORRISTOWN NJ 07960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~E~~ CEO, D, AS, P 20 Community Pl. Morristown NJ 07960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COOD HERRICK, HOWARD 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, D, AS 20 Community Pl Morristown NJ 07960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FABER, JESSE 20 COMMUNITY PL MORRISTOWN NJ 07960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ D	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LEVY, JOHN 20 COMMUNITY PL MORRISTOWN NJ 07960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, CFO	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABREMS, ROY 15 LOWELL CT. TEANOCK NJ 07666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Roy~~ D Abrams, Roy	☒ Change ☐ Addition

CR2E034 (9/99)

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: NORTON HERRICK Chairman 4/13/00 973 539 5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *D* NAME *AMARI, CARL* STREET ADDRESS *974 Estes Ct* CITY-ST-ZIP *Schaumberg, IL 60193*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *D* NAME *WOLF, CARL* STREET ADDRESS *627 Inwood Ln* CITY-ST-ZIP *S.Orange, NJ 07079*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *Senior VP of Finance* NAME *TORO, ROBERT* STREET ADDRESS *20 Community Pl* CITY-ST-ZIP *MORRISTOWN NJ 07960*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *EVP CTO* NAME *McLaughlin, Steve* STREET ADDRESS *20 Community Pl* CITY-ST-ZIP *Morristown NJ 07960*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: *Norton Herrick* *4/13/00* *9735399528*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #