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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057810

1. Entity Name
MEDIABAY, INC.

FILED
03 MAY -8 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD. NW SUITE 222 BOCA RATON, FL 33431	2295 CORPORATE BLVD. NW SUITE 222 BOCA RATON, FL 33431

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS HERRICK, NORTON 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO HERRICK, MICHAEL 2 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 600018560406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERRICK, HOWARD 2 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL EHRLICH 359 KNOLLWOOD ROAD WHITE PLAINS, NY 10605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, CARL 627 INWOOD LANE SOUTH ORANGE, NJ 07079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C CTS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO LEVY, JOHN 2 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK HERSHHORN 2228 EAST DEERFIELD DRIVE UPPER PROVIDENCE, PA 19063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, ROY 15 LOWELL CT. TEANOCK, NJ 07666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH ROSETTI 437 MADISON AVENUE NEW YORK, NY 10022	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. LEVY 5/6/03 (973)539-9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~ . ADDITION

CEO / Asst Secy
HAKAN LINDSKOG
2 RIDGEDALE AVE
CEDAR KNOLLS, NJ
07927

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 082716 4302355

AUTHORIZATION Patricia Pujuts

COST LIMIT : $ 558.75

ORDER DATE : May 6, 2003

ORDER TIME : 9:40 AM

ORDER NO. : 082716-010

CUSTOMER NO: 4302355

CUSTOMER: Mr. Ralph D. Mosley, Jr.
Blank Rome Llp
15th Floor
405 Lexington Avenue
New York, NY 10174

ANNUAL REPORT FILING

RECEIVED
03 MAY -8 PM 10:27
DIVISION OF CORPORATION

NAME: MEDIABAY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT# 1115

EXAMINER'S INITIALS: _____