**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000060721 (5)**

1. Corporation Name

**EDGE COMMUNICATIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % LEE MANDELL<br>75 VALENCIA AVE., STE. 1002<br>CORAL GABLES FL 33134 | % LEE MANDELL<br>75 VALENCIA AVE., STE. 1002<br>CORAL GABLES FL 33134 |

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business
21: 1111 Lincoln Rd.
22: Suite, Apt. #, etc
23: City & State: Miami Beach FL
24: Zip: 33139
25: Country

2a. Mailing Address
26: 1111 Lincoln Rd.
27: Suite, Apt. #, etc.
28: City & State: Miami Beach, FL
29: Zip: 33139
30: Country

4. FEI Number: 65-0519628 ☐ 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

**UNITED CORPORATE SERVICES, INC**
**801 NORTHEAST 167TH STREET**
**SUITE 300**
**NORTH MIAMI BEACH FL 33162**

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 i s 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANDELL, LEE<br>75 VALENCIA AVE., STE. 1002<br>CORAL GABLES FL 33134 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Chairman of the Board<br>Martin Irwin<br>1111 Lincoln Rd.<br>Miami Beach, FL 33139 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ORSBURN, MICHAEL<br>7924 WOODRIDE DR S<br>PARKLAND FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | President<br>Kenneth D. Lorber<br>1111 Lincoln Rd.<br>Miami Beach, FL 33139 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ORSBURN, CHRISTINE N.<br>7924 WOODRIDGE DR S<br>PARKLAND FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Executive V.P. and C.F.O.<br>Jeffry J. Kaplan<br>545 Fifth Avenue<br>NY NY 10017 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>REA, STEVEN C.<br>10943 NW 18TH DR<br>PLANTATION FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | V.P. Treasurer, Secretary<br>Gary R. Strack.<br>545 Fifth Avenue<br>NY NY 10017 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Assistant Secretary<br>Jill Cohen<br>1111 Lincoln Rd.<br>Miami Beach, FL 33139 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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)(k), 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:** Gary R. Strack GARY R. STRACK 4/10/96 (212) 807-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #