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## 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

## DOCUMENT # P9400060721

EDGE COMMUNICATIONS, INC.

	,						
Principal Place of Business Mailing Address					T (BERREN KIN INK) ERRA NONK GOLLI NORILI (	10118 011\$1 00\$11 \$001 <b>8</b>	\$1 <b>60</b> 1
1111 LINCOLN ROAD		1111 LINCOLN ROAD		· ·			
#700		#700		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139 US			3. Date Incorporated or Qualifed		
03		03			08/15/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26			65-05 19628	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Besilied	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	- 1	
23	- Country	28 Country		Trust Fund Contribution	Added to	o Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9 Name and Address of Curren		<u>''</u> -		10. Name and Address of New Registe		
9. Name and Address of Current Registered Agent  81 Na							
UNITED CORPORATE SERVICES, INC				Cturat	Address (D.O. Day Number in Not Assentable)		
801 NORTHEAST 167TH STREET			82	Street	Address (P.O. Box Number is Not Acceptable)		
SUITE 300			83				
NORTH MIAMI BEACH FL 33162				City		85 Zip C	`ode
	•		84	City	•	FL   _	
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: Reg				t signature r	required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	, , , , , , , , , , , , , , , , , , ,	ID DIRECTORS  *** DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PD CORPORATE D	A DELETE	1.2 NAME				_
NAME	LORBER, KENNETH D 1111 LINCOLN ROAD		1.3 STREET ADDRESS				
STREET ADDRESS	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP				ļ
CITY-ST-ZIP	VPCF	DELETE			President, Director	Change	☐ Addition
NAME	CRANE, STEVEN G	_			Crane, Steven G.		
STREET ADDRESS	240 PEGASUS AVENUE				240 Pegasus Avenue		
CITY-ST-ZIP	NORTHVALE NJ 07647		2. 4 CITY-9		Northvale, NJ 07647		
TITLE	VPD :	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	FAIRBOURNE, MICHAEL E		3.2 NAME				
STREET ADDRESS	240 PEGASUS AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NORTHVALE NJ 07647		3.4. CITY-ST-ZIP				
TITLE	SD	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	Shendell, Edward L		4. 2 NAME				
STREET ADDRESS	240 PEGASUS AVENUE		4.3 STREET ADDRESS				!
CITY-ST-ZIP	NORTHVALE NJ 07647		4.4 CITY-ST-ZIP			Chance	A addition_
TITLE		☐ OELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS	İ						İ
CITY-ST-ZIP	·	□ DELETE	5.4 CITY-S	I-ZIP	<del>                                     </del>	Change	Addition -
TITLE		☐ DELETE	6.2 NAME				
NAME			6.3 STREET	LAUUDEGG			
STREET ADDRESS		ļ.	0.3 3 INCE	UDDITE 33	I		

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.

6.4 CITY-ST-ZIP

**SIGNATURE:**