

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065243

1. Entity Name

AB VENTURE MEDIA, INC.

FILED

Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 91023 001 11,745.50

Principal Place of Business

2295 CORPORATE BLVD NW  
SUITE 222  
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD NW  
SUITE 222  
BOCA RATON FL 33431

00019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0520343

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON  
2295 CORPORATE BLVD NW  
SUITE 222  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PDST ☐ Delete  
NAME HERRICK, NORTON  
STREET ADDRESS 2295 CORPORATE BLVD NW SUITE 222  
CITY-ST-ZIP BOCA RATON FL

TITLE VPAS ☐ Delete  
NAME HERRICK, HOWARD  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960

TITLE VPAS ☐ Delete  
NAME HERRICK, MICHAEL  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPAS ☒ Change ☐ Addition  
NAME Herrick, Howard  
STREET ADDRESS 2 Ridgedale Ave, Third Floor  
CITY-ST-ZIP Cedar Knolls NJ 07927

TITLE VPAS ☒ Change ☐ Addition  
NAME Herrick, Michael  
STREET ADDRESS 2 Ridgedale Ave, Third Floor  
CITY-ST-ZIP Cedar Knolls NJ 07927

TITLE C ☐ Change ☒ Addition  
NAME Kermalli, Nisar  
STREET ADDRESS 2 Ridgedale Ave, Third Floor  
CITY-ST-ZIP Cedar Knolls NJ 07927

TITLE CFO ☐ Change ☒ Addition  
NAME Klein, Robert  
STREET ADDRESS 2 Ridgedale Ave, Third Floor  
CITY-ST-ZIP Cedar Knolls NJ 07927

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

3.22.01

561-241-9880

CR2E034 (10/00)