


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000022037
 1. Entity Name
AERIAL FIVE, INC.



Principal Place of Business
 1600 EAST AIRPORT ROAD
 HOLLYWOOD, FL 33023

Mailing Address
 800 THIRD AVENUE
 28TH FLOOR
 NEW YORK, NY 10022



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0586942

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BUTLER, JAMES L
 1600 EAST AIRPORT ROAD
 HOLLYWOOD, FL 33023

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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, 2007 Fee will be \$550.00

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

000000648487
 03/07/07-80011-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUTLER, JAMES L
STREET ADDRESS	1600 EAST AIRPORT ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	SVP
NAME	PRETEFELDER, STEVEN
STREET ADDRESS	800 3RD AVE 28TH FL
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	T
NAME	BEATTIE, WILLIAM C
STREET ADDRESS	800 THIRD AVE 28TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William C Beattie Treasurer 2/10/07 212-699-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #