## 2002 Uniform Business Report (UBR) Apr 03, 2002 8:00 am Secretary of State P96000001939 DOCUMENT # 1. Entity Name ROA MEDIA CORP. 04-03-2002 90177 023 \*\*\*150.00 Principal Place of Business Mailing Address C/O MICHAEL FRECKLES C/O MICHAEL FRECKLES 1515 BROADWAY 1515 BROADWAY NEW YORK NY 10036 NEW YORK NY 10036 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0734393 Not Applicable \$8.75 Additional 4003 5. Certificate of Status Desired 100 36 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEOD TITLE X Delete TITLE KARMAGIN, MEL A NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS 85069 **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP Change **CFOD** TITLE Delete TITLE SOLOMAN, LORID NAME NAME 51 WEST 52ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP Change Change ☐ Addition TITLE Delete TITLE FRICKlas, MichaelD FRECKLES, MICHAEL D NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STRAKA, ANGELINE C NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete ☐ Change STACK, IRENE W NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 313. 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 order ess, with all other like entropy.

SIGNATURE: