2003 FOR PROFIT CORPORATION

| UN | IFOR | W ROZINE | 55 RE | :PORT | IORK | | Apr 2 | 1, 200 | , O. O. | am |
|--|--|---|--|----------------------|---|---|---|---|----------------------------|-------------------|
| DOCU 1. 'Entity Nam ROA MED | . 0000 | 00019 | 39 | | | Secretary of State 04-21-2003 90400 037 ***150.00 | | | | |
| Principal Place of Business C/O MICHAEL FRICKLAS 1515 BROADWAY NEW YORK NY 10036 | | | Mailing Address C/O MICHAEL FRICKLAS 1515 BROADWAY NEW YORK NY 10036 | | | | I EFENDEN HA ANNA BUKI | | 1111 11111 11111 1 | |
| 2. Principal P | Place of Busin | ess | 3. Mailing Address | | | | | 88611 () 88311 | | III IBII IBII |
| Suite, Apt. | #, etc. | · · · · · · · · · · · · · · · · · · · | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | te | | City & State | | | , | 4. FEI Number 65-0734393 Applied For Not Applicable | | | |
| Zip | | Country | Zip | Co | untry | | 5. Certificate of Status De | esired | \$8.75 Add Fee Required | |
| | 6. Name | and Address of Current I | legistered Age | ent | | | 7. Name and Address of | New Registered | Agent | |
| 1201 HAY | | ICE COMPANY | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| I VILLY IV | DOCE IL DE | 301 | • | | City | | | FL | Zip Code | |
| the obligat SIGNATURE F After Make Check | Signature, typed | or printed name of registered agent and the second | nd title if applicable. | (NOTE: Regist | tered Agent signa | ture required v | 9. Election Camp Trust Fund Cor | DATE aign Financing tribution. | \$5.00 | May Be to Fees |
| 10. | , | OFFICERS AND I | | | 1 | '0 | ADDITIONS/CHANGES | O OFFICERS AND | DIRECTORS | HN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LEVINE, W 2502 N. BL PHOENIX / | ACK CANYON HIGHWA | | N S | ITLE Ame Treet address ITY-ST-ZIP | 10 - 62 | BROADWAY, | Iline 10036 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KELLY, WA 2502 N. BL PHOENIX A | ACK CANYON HIGHWA | | N S | ITLE AME TREET ADDRESS ITY-ST-ZIP | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1515 BROA | MICHAEL D ADWAY (NY 10036 | | N. S | ITLE Ame Treet address ITY-ST-ZIP | | EVP SEC | | Change Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Straka, A 1515 Broa | NGELINE C | S | : N. | TLE AME Treet address ITY-ST-ZIP | DIR Susu 1515 Nec | 210P In C. Gordon Broadway W YORK, W | - 4,00 36 | Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ROSENBER 1515 BROA | RG, KATHERINE B |) ** | N. S ⁻ | tle Ame Treet address Ity-St-Zip | Jane 1818 Ne | L Fuerst SBROQDWG W YORK, W | uy 100 3 | Two Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS | | | | N/ | TLE AME TREET ADDRESS | | <u>-</u> | | ☐ Change | Addition |

12. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

04///03

212-258-6847