

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

04-21-2002 908591017\*\*\*61:25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AMENDED*

**DOCUMENT # P96000035049**

1. Entity Name

**NH MEDIA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2295 Corporate Blvd.**

Suite, Apt. #, etc.

**Suite 222**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

**USA**

3. Mailing Address

**2295 Corporate Blvd.**

Suite, Apt. #, etc.

**Suite 222, P. O. Box 5010**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

**USA**

4. FEI Number

**650667916**

Applied for

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name

**Norton Herrick**

**c/o The Herrick Company, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**2295 Corporate Blvd.**

**Suite 222, P.O. Box 5010**

City

**Boca Raton**

**FL**

Zip Code

**33431**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**C, CEO, T, S, D  
Norton Herrick  
2295 Corporate Blvd., Suite 222  
Boca Raton, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P, CEO  
John Halle  
80 South Road  
Northampton, NH 03862**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
David Freeman  
103 W. 77<sup>th</sup> Street, Apt. 5B  
New York, NY 10024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 #

*[Handwritten Signature]*

*4/18/02*