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May 13, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000096007** ✓

1. Corporation Name

Boxer Media, Inc.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

Mailing Address

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. City & State

2d. Zip

Country

29

30

4. FEI Number

65-0721357

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Levine, Philip
960 Alton Road
2nd Floor
Miami Beach, FL 33139**

81 Name

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVP** **President** ☐ DELETE
NAME **Philip Levine**
STREET ADDRESS **960 Alton Road**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **T** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director and Officer** ☐ DELETE
NAME **Bradley Bloom**
STREET ADDRESS **One Boston Place**
CITY-ST-ZIP **Boston, MA 02108**

TITLE **Director** ☐ DELETE
NAME **R. David Peeler**
STREET ADDRESS **One Boston Place**
CITY-ST-ZIP **Boston, MA 02108**

TITLE **Director** ☐ DELETE
NAME **Terry Chafetz**
STREET ADDRESS **960 Alton Road**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Levine

4/29/99 (305) 673-0400