

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096007

1. Entity Name  
BOXER MEDIA, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90044 008 \*\*\*158.75

0170936

Principal Place of Business 960 ALTON ROAD 2ND FLOOR MIAMI BCH FL 33139 US	Mailing Address 960 ALTON ROAD 2ND FLOOR MIAMI BCH FL 33139 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0721357	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEVINE, PHILIP  
960 ALTON RD  
2ND FLOOR  
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
P/DIRECTOR LEVINE, PHILIP 960 ALTON ROAD MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D BLOOM, BRADLEY ONE BOSTON PLACE BOSTON MA 02108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D PEELER, R. DAVID ONE BOSTON PLACE BOSTON MA 02108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D CHAFETZ, JERRY 960 ALTON ROAD MIAMI BCH FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director Edward J. Brennan 525 Market Street, 32nd Floor San Francisco, CA 94105-2708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director Caden Wang 525 Market Street, 32nd Floor San Francisco, CA 94105-2708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Sr. Vice President (Officer) Jerry Chafetz 960 Alton Rd. Miami Bch, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treasurer (Officer) Keith Harrison 525 Market Street, 32nd Floor San Francisco, CA 94105-2708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP, Port Lecturing Hugh Treadwell 960 Alton Rd. Miami Bch, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP, Finance & Operations Robert Eichner 960 Alton Rd. Miami Bch, FL 33139	

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 Block 12 if changed, 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 # \_\_\_\_\_

CR2E034 (10/00)

Attachment  
D#P96000096007  
A00660093

**2001 Uniform Business Report (UBR)**  
**Boxer Media, Inc.**

**Attachment**

**Title** Officer – Secretary  
**Name** Michael E. Zacharia  
**Address** 525 Market Street, 32<sup>nd</sup> Floor  
**City-St-Zip** San Francisco, CA 94105-2708

**Title** Officer – Assistant Secretary  
**Name** David A. Suzuki  
**Address** 525 Market Street, 32<sup>nd</sup> Floor  
**City-St-Zip** San Francisco, CA 94105-2708

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