

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

DOCUMENT # F0000005211

1. Entity Name:

Eden Roc Acquisition, Inc.

FILED

02 JAN 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6905 Rockledge Dr., Ste 600
Suite. Apt. #, etc.

3. Mailing Address
6905 Rockledge Dr., Ste 600
Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bethesda, MD
Zio
20817

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4. FEI Number
52-2263241

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zio Code
33324

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 Cornelia B. ... DATE 1-16-02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T /D Ronald J. Kravit 450 Park Avenue, 28th Floor New York, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S /D Jeffrey B. Citrin 450 Park Avenue, 28th Floor New York, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004785334 -01/22/02-01006-009 ****908.75 ****908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Independent Director Mark A. Ferrucci 1209 Orange Street Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Ronald J. Kravit DATE 1/14/02 (212) 891-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORF034B (12/01)

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