

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90070 033 ***150.00

DOCUMENT # P93000033619

1. Entity Name
5TH AVENUE CHANNEL CORP.

Principal Place of Business 3957 NE 163RD STREET NORTH MIAMI FL 33160	Mailing Address 3957 NE 163RD STREET NORTH MIAMI FL 33160-4125
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3175814	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSEN, MELVIN
 1506 N.E. 162ND STREET
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name Eric Lefkowitz
Street Address (P.O. Box Number is Not Acceptable) 3957 NE 163rd ST.
City North Miami Beach FL Zip Code 33160

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

(NOTE: Registered Agent signature required when reinstating)

2/7/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PSTD	<input checked="" type="checkbox"/> Delete
NAME ROSEN, MELVIN	
STREET ADDRESS 1506 N.E. 162ND ST.	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DEVLIN, DENNIS	
STREET ADDRESS 34131 MICHIGAN AVE.	
CITY-ST-ZIP WAYNE MI 48184	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME SIMKIN, SAMUEL H	
STREET ADDRESS 1508 NE 162 STREET	
CITY-ST-ZIP N. MIAMI BEACH FL 33162	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEFTKOWITZ, ERIC	
STREET ADDRESS 1506 NE 162 STREET	
CITY-ST-ZIP N. MIAMI BEACH FL 33162	
TITLE CEO.	<input type="checkbox"/> Delete
NAME MEL ROSEN	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE C.O.O.	<input type="checkbox"/> Delete
NAME Adam Taylor	
STREET ADDRESS 3957 NE 163rd. St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Dennis Devlin	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCOTT HOUSEFIELD	
STREET ADDRESS 3957 NE 163 rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Larry Winestein	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Nickolas van der Linden	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Eric Lefkowitz	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	
TITLE C.F.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Dominique Sada	
STREET ADDRESS 3957 NE 163rd St.	
CITY-ST-ZIP N. Miami Beach, FL 33160	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

305-947-3010
Daytime Phone #

CR2E034 (9/99)