

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212521724

1.) CORPORATION NAME:

Patch Media Corporation

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1829243**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 675 Avenue of the Americas, 3rd Floor

CITY/ST/ZIP: NEW YORK, NY 10010

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN BROD		
TITLE:	VICE PRESIDENT		
ADDRESS:	770 BROADWAY 4TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10003		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WARREN WEBSTER		
TITLE:	PRESIDENT		
ADDRESS:	675 Avenue of the Americas, 3rd Floor		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIE JACOBS		
TITLE:	VP, SECRETARY		
ADDRESS:	22000 AOL WAY		
CITY/ST/ZIP/CO:	DULLES, VA 20166		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ARTHUR MINSON		
TITLE:	VP, ASST TREA		
ADDRESS:	770 BROADWAY, 4TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10003		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN RUCKER		
TITLE:	VICE PRESIDENT		
ADDRESS:	675 Avenue of the Americas, 3rd Floor		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL HOWSON		
TITLE:	ASST SECRETARY		
ADDRESS:	22000 AOL WAY		
CITY/ST/ZIP/CO:	DULLES, VA 20166		

NAME: J. MICHAEL SUFFREDINI TITLE: TREASURER ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL E. NOLAN, JR. TITLE: DIRECTOR ADDRESS: 770 BRODWAY, 4TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL HOWSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL HOWSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/11/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.