

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.

NAME:	WARREN WEBSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	675 AVENUE OF THE AMERICAS, 3RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

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

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

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

NAME:	JOHN RUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	675 AVENUE OF THE AMERICAS, 3RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10010		

NAME:	J. MICHAEL SUFFREDINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	22000 AOL WAY		
CITY/ST/ZIP/CO:	DULLES, VA 20166		

NAME: MICHAEL HOWSON TITLE: ASST SECRETARY 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	6/27/2012 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.