


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90001 011 \*\*\*\*61.25

**DOCUMENT # F96000000272**

1. Entity Name  
**THE ADVERTISING COUNCIL, INC.**



Principal Place of Business  
 261 MADISON AVE.  
 NEW YORK, NY 10016-2303

Mailing Address  
 261 MADISON AVE.  
 NEW YORK, NY 10016-2303

**54056640**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112003 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**13-0417693**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

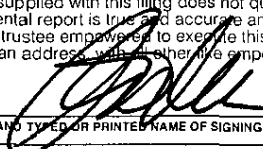
**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, ED	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	C	<input type="checkbox"/> Delete
NAME	ALSTRUP, ANDREA	
STREET ADDRESS	261 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DRAKE, O. BURTCH	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIODICE, ROBERT	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ROBINSON, JANET	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONLON, PEGGY	
STREET ADDRESS	261 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 100162303	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other file empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/26/04** Daytime Phone # **212-984-1945**