## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2000 8:00 am Secretary of State DOCUMENT # F98000003215 NIELSEN MEDIA RESEARCH, INC. 01-31-2000 90023 050 \*\*\*150.00 Principal Place of Business Mailing Address NIELSEN MEDIA RESEARCH, INC. 299 PARK AVE. 150 MARTINGALE RD-4TH FLOOR NEW YORK NY 10171 SCHAUMBURG IL 60173-2080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1450569 Not Applied to Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "Name" ~~ C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 \$IGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE ☐ Change ☐ Addition ☐ Delete TITLE DIMLING, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 299 PARK AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10171** ☐ Change ☐ Addition TITLE ☐ Delete TITLE YOUNG, THOMAS W NAME STREET ADDRESS 299 PARK AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10171** ☐ Delete \_\_\_ ☐ Change Addition TITLE COOK, BARRY P NAME 299 PARK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10171** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE GOLDSHEIN, STUART J NAME STREET ADDRESS 299 PARK AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10171** CITY-ST-ZIP **VPS** ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BOATTI. STEPHEN** NAME NAME STREET ADDRESS 299 PAK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10171** ☐ Change Addition ☐ Delete TITLE TITLE LANE, ROBERT A NAME NAME 299 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10171** 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR