

05-02-2002 90117 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000003104** ✓  
 1. Entity Name  
**CENTRAL MARKETING SERVICES INC**

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|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| 2. Principal Place of Business |  | 3. Mailing Address     |  |
| Suite, Apt. #, etc.            |  | <b>30 IRVING PLACE</b> |  |
| City & State                   |  | City & State           |  |
| Zip                            |  | Zip                    |  |
| Country                        |  | Country                |  |
|                                |  | <b>NEW YORK, NY</b>    |  |
|                                |  | <b>10003</b>           |  |
|                                |  | <b>USA</b>             |  |

|   |                                |
|---|--------------------------------|
| 4. FEI Number   | Applied For                    |
| <b>13-2838838</b>   | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|  |                 |
|--|-----------------|
| 7. Name and Address of Current Registered Agent    |                 |
| Name   |                 |
| <b>CORPORATION SERVICE COMPANY</b>                 |                 |
| Street Address (P.O. Box Number is Not Acceptable) |                 |
| <b>1201 HAYS STREET</b>                            |                 |
| City   | Zip Code        |
| <b>TALLAHASSEE</b>                                 | <b>FL 32301</b> |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining.)

|   |  |   |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>CAROL MCMAHON<br/>225 EAST 73RD ST PH-a<br/>NEW YORK, NY 10021</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT<br/>PATRICK MCMAHON<br/>276 AGOR LANE<br/>MAHOPAC, NY 10541</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER<br/>GWENN WORTH<br/>115 EAST 9TH STREET<br/>NEW YORK, NY 10003</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/19/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)