

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35314

1. Entity Name

DAILY RACING FORM, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90032 021 ***150.00

Principal Place of Business

Mailing Address

2231 E CAMELBACK
 SUITE 100
 PHOENIX AZ 85016
 US

2231 E CAMELBACK
 SUITE 100
 PHOENIX AZ 85016-3437
 US

2. Principal Place of Business

3. Mailing Address

315 Hudson st

315 Hudson st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th floor

9th floor

City & State

City & State

New York, New York

New York, New York

Zip

Country

Zip

Country

10013

US

10013

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3616342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	CRIST, STEVEN	
STREET ADDRESS	14 MULFORD PLACE #4C	
CITY-ST-ZIP	HEMPSTEAD NY 11550	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOW, MICHAEL	
STREET ADDRESS	2231 E CAMELBACK #100	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, RICHARD	
STREET ADDRESS	30 CARRIAGE CT	
CITY-ST-ZIP	MULTONTOWN NY 11791	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARNICK, CARL	
STREET ADDRESS	3069 ANN ST	
CITY-ST-ZIP	BALDWIN NY 11510	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWALD, BRUCE	
STREET ADDRESS	17 STILES LANE	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KOSTAS, DIANA	
STREET ADDRESS	2231 E CAMELBACK #100	
CITY-ST-ZIP	PHOENIX AZ 85016	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES HAYWARD	
STREET ADDRESS	670 WEST END AVE. Apt. 6C	
CITY-ST-ZIP	New York, New York 10024	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL KRAVCHENKO	
STREET ADDRESS	8 NEW DOVER RD.	
CITY-ST-ZIP	E. BRUNSWICK NJ 08816	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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) (MICHAEL KRAVCHENKO)

2/4/00

(212)366-7646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)