


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90003 025 ***150.00

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1. Entity Name
 BNY ORLANDO LICENSE, INC.



Principal Place of Business
 4435 OLD WINTER GARDEN ROAD
 ORLANDO, FL 32811

Mailing Address
 25 HUBBELS DR.
 MOUNT KISCO, NY 10549

FILE #
44004676



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3605198

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN ROAD
 ORLANDO, FL 32811

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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 _____ 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
After May 1, 2004 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SULLIVAN, JOHN
STREET ADDRESS	25 HUBBELS DR.
CITY-ST-ZIP	MT. KISCO, NY 10566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE 1/16/04 DAYTIME PHONE # 914-242-7280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR