

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 031 ***150.00

DOCUMENT #

415242

1. Entity Name

Anastasia Advertising Art, Inc.

Principal Place of Business

Mailing Address

c/o Michael D. Frickles
 1515 Broadway
 New York, NY 10036

c/o Michael D. Frickles
 1515 Broadway
 New York, NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-1427085

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

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

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, 2001 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	DIR OH	<input type="checkbox"/> Delete
NAME	William J. Lempie	
STREET ADDRESS	51 West 52nd Street	
CITY-ST-ZIP	New York, NY 10019	
TITLE	DIR EVID	<input type="checkbox"/> Delete
NAME	Michael D. Frickles	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	Freddie G. Reynolds	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	VP SEC	<input type="checkbox"/> Delete
NAME	Angeline C. Straka	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	SVP TR	<input type="checkbox"/> Delete
NAME	Loriel Sulamony	
STREET ADDRESS	51 West 52nd Street	
CITY-ST-ZIP	New York, NY 10019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Diane W. Stack	
STREET ADDRESS	1515 Broadway	
CITY-ST-ZIP	New York, NY 10036	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane W. Stack

Ass. Sec

Date

Daytime Phone #

2/21/2001

212 258-6874

CR2E034 (11/00)