


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90008 032 ***150.00

DOCUMENT # 266052 1. Entity Name AERIAL SIGN CO., INC.					
Principal Place of Business 1600 EAST AIRPORT RD. PEMBROKE PINES, FL 33023 US			Mailing Address 1600 EAST AIRPORT RD. PEMBROKE PINES, FL 33023 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 800 THIRD AVENUE 28TH FLOOR City & State NY, NY Zip 10022			
Country USA		4. FEI Number 59-0992888			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUTLER, JAMES L 1600 EAST AIRPORT RD. PEMBROKE PINES, FL 33023			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		
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.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUTLER JAMES L 1600 EAST AIRPORT RD. PEMBROKE PINES, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUTLER JAMES L 1600 EAST AIRPORT RD. PEMBROKE PINES, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V WHITBY, PAUL G. 800 THIRD AVE - 28TH FLOOR NY, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEATTIE, WILLIAM C. 800 THIRD AVE - 28TH FLOOR NY, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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: <u>William C Beattie</u> TREASURER <u>5/10/04</u> <u>212-699-8400</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM C. BEATTIE Date Daytime Phone #					

54054488



04272004 Chg-P CR2E034 (10/03)