

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

807832
National Advertising Company

Principal Place of Business

Mailing Address

2. Principal Place of Business

c/o Michael D. Luckles
Suite, Apt. #, etc.
1515 Broadway
New York, NY
10036 *USA*

3. Mailing Address

c/o Michael D. Luckles
Suite, Apt. #, etc.
1515 Broadway
New York, NY
10036 *USA*

4. FEI Number

36-2360530

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

The Practice - Hall Corporation
System Inc.
1201 Hay 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	CEO	DIR	<input type="checkbox"/> Delete
NAME	<i>Neil A. Karmazin</i>		
STREET ADDRESS	<i>1515 Broadway</i>		
CITY-ST-ZIP	<i>New York, NY 10036</i>		
TITLE	CFO	DIR	<input type="checkbox"/> Delete
NAME	<i>Farid Sulaman</i>		
STREET ADDRESS	<i>51 West 52nd Street</i>		
CITY-ST-ZIP	<i>New York, NY 10019</i>		
TITLE	EVP		<input type="checkbox"/> Delete
NAME	<i>Michael D. Luckles</i>		
STREET ADDRESS	<i>1515 Broadway</i>		
CITY-ST-ZIP	<i>New York, NY 10036</i>		
TITLE	SEC		<input type="checkbox"/> Delete
NAME	<i>Angelina C. Stuka</i>		
STREET ADDRESS	<i>1515 Broadway</i>		
CITY-ST-ZIP	<i>New York, NY 10036</i>		
TITLE	AS		<input type="checkbox"/> Delete
NAME	<i>Glenn W. Stack</i>		
STREET ADDRESS	<i>1515 Broadway</i>		
CITY-ST-ZIP	<i>New York, NY 10036</i>		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

Irene W. Stack
ASS. Sec.

Date

Daytime Phone #

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

04-17-2001 90031 044 ***150.00

A0049507

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)