2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT #** 807832 1. Entity Name NATIONAL ADVERTISING COMPANY 04-03-2002 90177 031 ***150.00 Principal Place of Business Mailing Address C/O MICHAEL D FRICKLES C/O MICHAEL D FRICKLES 1515 BROADWAY 1515 BROADWAY NEW YORK NY 10036 **NEW YORK NY 10036** incipal Place of Business Mailing Address FRICKlas Michae DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2360530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORP SYST., INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change LEVINE, W S NAME NAME 2502 N. BLACK CANYON STREET ADDRESS STREET ADDRESS PHOENIX AZ 85009 CITY-ST-ZIP CITY-ST-ZIP 🔽 Delete TITLE NAME MORENO, A R NAME STREET ADDRESS 2502 N. BLACK CANYON STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85009 CITY-ST-7IP TITLE 🔽 Delete TITLE Change **☑**SAddition NAME BEVERAGE, B M NAME STREET ADDRESS 2502 N. BLACK CANYON STREET ADDRESS B CITY-ST-ZIP PHOENIX AZ 85009 CITY-ST-ZIP CEOD TITLE Delete TITLE Change ☐ Addition KARMAGIN, MEL A NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP TITLE CFOD TITLE Delete Delete Change Addition NAME INLEMAN, FARID NAME STREET ADDRESS 37 WEST 52ND STREET STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10019** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FRICKIAS MichaelD NAME FRECKLES, MICHAEL D NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS €ITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP 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