

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 040 ***150.00

0004139

DOCUMENT # 834689

1. Corporation Name

TRANSPORTATION DISPLAYS INCORPORATED

Principal Place of Business

275 MADISON AVE.
NEW YORK NY 10016

Mailing Address

275 MADISON AVE.
NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1975

4. FEI Number

13-2660769

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME APFELBAUM, WILLIAM
STREET ADDRESS 275 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10016

TITLE D ☐ DELETE
NAME SULEMAN, FARID
STREET ADDRESS 40 WEST 57 STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE VPS ☐ DELETE
NAME KOWALSKY-HAUT, TINA
STREET ADDRESS 275 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10016

TITLE V ☐ DELETE
NAME CAMPBELL, RICHARD
STREET ADDRESS 275 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10016

TITLE VPD ☐ DELETE
NAME ALLMAN, DONALD R
STREET ADDRESS 275 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10016

TITLE D ☐ DELETE
NAME KARMAZIN, MEL
STREET ADDRESS % INFINITY BROADCASTING, 40 W 57 ST
CITY-ST-ZIP NEW YORK NY 10019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President CFO ☐ Change ☒ Addition
1.2 NAME Christopher Derbyshire
1.3 STREET ADDRESS 275 madison AVENUE
1.4 CITY-ST-ZIP NY NY 10016

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (1/198)