

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 834689**

1. Entity Name

**TRANSPORTATION DISPLAYS INCORPORATED****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90070 015 \*\*\*150.00

Principal Place of Business	Mailing Address
275 MADISON AVE. NEW YORK NY 10016	275 MADISON AVE. NEW YORK NY 10016-1101

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	13-2660769	Applied For
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>APFELBAUM, WILLIAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>275 MADISON AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10016</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	APFELBAUM, WILLIAM		STREET ADDRESS	275 MADISON AVE.		CITY-ST-ZIP	NEW YORK NY 10016		<table><tr><td>TITLE</td><td>Director</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Apfelbaum, William</td><td></td></tr><tr><td>STREET ADDRESS</td><td>275 Madison Avenue</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>New York, New York 10016</td><td></td></tr></table>	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Apfelbaum, William		STREET ADDRESS	275 Madison Avenue		CITY-ST-ZIP	New York, New York 10016	
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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

Date

Daytime Phone #

1/18/2000

2/2  
599-1100