

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90243 031 \*\*\*150.00

DOCUMENT # 850466

1. Corporation Name

BERNARD HODES ADVERTISING, INC.

Principal Place of Business

555 MADISON AVENUE  
NEW YORK NY 10022

Mailing Address

555 MADISON AVENUE  
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1981

4. FEI Number

13-3043148

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

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30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name UNITED CORPORATE SERVICES Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
155 N-W 167th Street, Suite 205  
83  
84 City N. MIAMI BEACH FL 85 Zip Code 33169

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	<input type="checkbox"/> DELETE
NAME	HODES, BERNARD S	
STREET ADDRESS	555 MADISON AVENUE	
CITY-ST-ZIP	NY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGNER, BARRY	
STREET ADDRESS	437 MADISON AVE	
CITY-ST-ZIP	NY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, TOM	
STREET ADDRESS	437 MADISON AVE	
CITY-ST-ZIP	NY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, THOMAS	
STREET ADDRESS	437 MADISON AVE	
CITY-ST-ZIP	NY NY	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ALAN V.	
STREET ADDRESS	555 MADISON AVE	
CITY-ST-ZIP	NY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTON J. STARR	
1.3 STREET ADDRESS	555 MADISON AVENUE	
1.4 CITY-ST-ZIP	NEW YORK NY 10022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (1/98)

0004875