

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90093 037 ***150.00

DOCUMENT # 850466

1. Entity Name
BERNARD HODES ~~ADVERTISING, INC.~~ GROUP

N/C 4/4/2k

Principal Place of Business

Mailing Address

555 MADISON AVENUE
 NEW YORK NY 10022

555 MADISON AVENUE
 NEW YORK NY 10022-3301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3043148

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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, 2000 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	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	EV	<input type="checkbox"/> Delete
NAME	STARR, MARION J	
STREET ADDRESS	555 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10022	

TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOSEPH FORTUNATO		
STREET ADDRESS	555 MADISON AVE		
CITY-ST-ZIP	NY NY 10022		
TITLE	VICE PRESIDENT & CONTROLLER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARTHUR ZIGRING		
STREET ADDRESS	555 MADISON AVE		
CITY-ST-ZIP	NY NY 10022		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Alan V. Schwartz*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)