

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854199** (7)

1. Corporation Name

TDI OUTDOOR, INC.



Principal Place of Business

**275 MADISON AVE
NEW YORK NY 10016**

Mailing Address

**275 MADISON AVE
NEW YORK NY 10016**

2. Principal Place of Business

2a. Mailing Address

21 **New York**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

09/28/1982

3a. Date of Last Report

01/30/1995

4. FEI Number

13-3058137

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	APFELBAUM, WILLIAM	
STREET ADDRESS	275 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HAUT-KOWALSKY, TINA	
STREET ADDRESS	275 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	RUDENSTEIN, JOEL	
STREET ADDRESS	275 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, RICHARD	
STREET ADDRESS	275 MADISON AVE.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALLMAN, DONALD R	
STREET ADDRESS	275 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANDLER, GEOFFRY E	
STREET ADDRESS	122 EAST 42 STREET	
CITY-STATE-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Richard B. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)