

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003454

1. Entity Name
MEDALLION TAXI MEDIA, INC.



Principal Place of Business
**437 MADISON AVENUE, 38TH FLOOR
NEW YORK, NY 10022**

Mailing Address
**437 MADISON AVENUE, 38TH FLOOR
NEW YORK, NY 10022**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3785512

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Corporation Service Company
Signature, typed or printed name of registered agent and title if applicable

7/1/4
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MURSTEIN, ALVIN M**
STREET ADDRESS **437 MADISON AVENUE, 38TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **CEOD**
NAME **MURSTEIN, ANDREW M**
STREET ADDRESS **437 MADISON AVENUE, 38TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **P**
NAME **LEIBLE, MICHAEL**
STREET ADDRESS **437 MADISON AVENUE, 38TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **S**
NAME **RUSSO, MARIE**
STREET ADDRESS **437 MADISON AVENUE, 38TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/19/04-80013-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Russo **Marie Russo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/4 212-328-2130
Date Daytime Phone #