
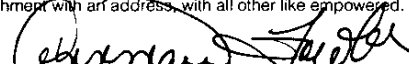


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90087 039 ***150.00

DOCUMENT # F03000000325 1. Entity Name PRN DELAWARE, INC.					
Principal Place of Business 1201 NORTH ORANGE STREET, SUITE 781 WILMINGTON, DE 19801			Mailing Address 1201 NORTH ORANGE STREET, SUITE 781 WILMINGTON, DE 19801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01262006 Chg-P CR2E034 (11/05)	
4. FEI Number 51-0385955				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGSON, CHARLES 810 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, PETER 810 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IMBROSCIANO, MATTHEW 810 7TH AVE. NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOZARSKY, SCOTT 810 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSAK, MICHAEL A JR 810 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS FOWLER, ANNMARIE 810 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nicholas Katsanos 600 Community Drive Manhasset, NY 11030				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
600 Community Drive Manhasset, NY 11030					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
600 Community Drive Manhasset, NY 11030					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
11 West 19th Street New York, NY 10011					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/26/06 Daytime Phone #: (212) 600-3037					

...

Officer (addition)

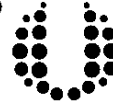
Title: VP-Controller

Name: Annamarie Wilson

Address: 600 Community Drive
Manahasset, NY 11030

Attachment
40020236
F03000000325

Attachment 40020236
#F03000000325



United Business Media

February 9, 2006

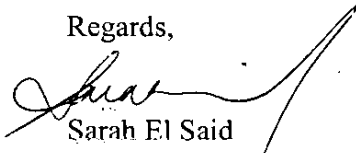
Florida Department of State
Division of Corporations
P.O. Box 2670
Tallahassee, FL 32301

RE: PRN Delaware, Inc., Annual Report

Enclosed herewith is the Statement of Information for PRN Delaware, Inc, and the filing fee in the form of check, #26984, in the amount of \$150.00.

If you should have any questions, please call me at 516-562-7811.

Regards,


Sarah El Said
Paralegal

cc: Annmarie Fowler