

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90526 043 \*\*\*150.00

**DOCUMENT # F93000005336**

1. Entity Name  
**SEVEN WORLDWIDE, INC.**



Principal Place of Business  
**225 WEST SUPERIOR ST.  
 CHICAGO, IL 60610 US**

Mailing Address  
**%APPLIED GRAPHICS TECHNOLOGIES  
 450 WEST 33RD ST., 3RD FLOOR  
 NEW YORK, NY 10001**

**54041058**



2. Principal Place of Business		3. Mailing Address		01062004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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		
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND RD.                  PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRASNER, FRED			NAME	Woodward, Gordon		
STREET ADDRESS	450 W. 33RD ST			STREET ADDRESS	111 Radio Circle		
CITY-ST-ZIP	NEW YORK, NY 10001			CITY-ST-ZIP	Mt. Kisco, NY 10549		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TESTOLIN, ANTHONY			NAME			
STREET ADDRESS	225 WEST SUPERIOR STREET			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611			CITY-ST-ZIP			
TITLE	EVSD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRALL, MARTIN D			NAME	Lacovara, Christopher		
STREET ADDRESS	450 W 33RD ST			STREET ADDRESS	111 Radio Circle		
CITY-ST-ZIP	NEW YORK, NY 10001			CITY-ST-ZIP	Mt. Kisco, NY 10549		
TITLE	DPCO	<input type="checkbox"/> Delete		TITLE	PCOO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VECCHIOLLA, JOSEPH D			NAME			
STREET ADDRESS	450 W. 33RD ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10001			CITY-ST-ZIP			
TITLE	SVPT	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOROSIAN, KENNETH			NAME	Harris, John		
STREET ADDRESS	450 WEST 33RD STREET			STREET ADDRESS	450 West 33rd St		
CITY-ST-ZIP	NEW YORK, NY 10001			CITY-ST-ZIP	NEW YORK, NY 10001		
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	CFOT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KINGSLEY, BONNI			NAME	Buonfiglio, Nat		
STREET ADDRESS	450 WEST 33RD STREET			STREET ADDRESS	450 West 33rd Street		
CITY-ST-ZIP	NEW YORK, NY 10001			CITY-ST-ZIP	NEW YORK, NY 10001		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **CFU** Date: 4/23/04 Daytime Phone #: 212-716-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR