


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000003381

1. Entity Name
 PRESS ASSOCIATION, INC.



Principal Place of Business 450 W 33 ST NEW YORK, NY 10001	Mailing Address 450 W 33 ST ATTN: TAX DEPARTMENT NEW YORK, NY 10001 US
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1182832	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BALTZELLE, JAMES
 9100 NW 36TH ST., STE. 111
 MIAMI, FL 33178

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURLEY, THOMAS 450 W 33 STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRANDO, LAWRENCE 450 W 33RD ST NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BRETTFINGEN, THOMAS 450 W 33 STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS WILLIAMS, JAMES R 450 W 33 STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALE, KENNETH J 450 W 33 STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS TOMLIN, DAVID 450 W 33RD ST NEW YORK, NY 10001

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 06/03/08-80013-013 150.00

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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: Lawrence Brando Date _____ Daytime Phone # (212)621-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR