

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004154 (0)

1. Corporation Name

PARAMOUNT (PDI) DISTRIBUTION INC.

Principal Place of Business

1515 BROADWAY
NEW YORK NY 10036

Mailing Address

C/O PHILIPPE P. DAUMAN
1515 BROADWAY
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1994	
21		26		4. FEI Number 06-1392894	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REDSTONE, SUMNER M	1.2 NAME	
STREET ADDRESS	1515 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	1.4 CITY-ST-ZIP	
TITLE	EVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAUMAN, PHILLIPE P	2.2 NAME	
STREET ADDRESS	1515 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	2.4 CITY-ST-ZIP	
TITLE	SVD ☐ DELETE	3.1 TITLE	SVCFO ☒ Change ☐ Addition
NAME	SMITH, GEORGE S JR	3.2 NAME	
STREET ADDRESS	1515 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	3.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STACK, ILENE W	4.2 NAME	
STREET ADDRESS	1515 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOOLEY, THOMAS	5.2 NAME	
STREET ADDRESS	1515 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

Ilene W. Stack
Assistant Secretary

1/14/98
212-250-6074

CR2E034 (10/97)