2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400004154

PARAMOUNT (PDI) DISTRIBUTION INC.

Principal Place of Business Mailing Address								
PROADWAY YORK NY 10036		% MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK NY 10036-8901		D0034113				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4. F	O6-1392894		Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
- <u>-</u>	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent				
				Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET STE 105			 					
TALLAHASSEE FL 32301				<u>-</u>				
		City			FL Zip C	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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
			EDE 10 0450 /					
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		50.00	 Election Campaign Finar Trust Fund Contribution. 	·	5.00 May Be Ided to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	
TITLE	P	☐ Delete	TITLE			Chan	ge 🗌 Addition	
NAME	REDSTONE, SUMNER M		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1515 BROADWAY NEW YORK NY 10036		CITY-ST-ZIP					
TITLE	DIOD 1011/11/10000		TITLE	D SVP	AS		ge 🔀 Addition	
NAME			NAME		MICHAEL D. FRICKLAS		gu <u>[]</u> , (u. (()))	
STREET ADDRESS			STREET ADDRESS	1515 Broadway				
CITY-ST-ZIP			CITY-ST-ZIP		New York. NY 10036			
TITLE	SDCD	☐ Delete	TITLE	., .,		☐ Chan	ge 🗌 Addition	
NAME	SMITH, GEORGE S JR		NAME	•			ľ	
STREET ADDRESS CITY-ST-ZIP	1515 BROADWAY		STREET ADDRESS CITY-ST-ZIP					
	NEW YORK NY 10036			<u> </u>		Chan	ge 🗌 Addition	
TITLE NAME	AS STACK, ILENE W	☐ Delete	TITLE NAME			□ Citali	geAddition	
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	ı			ĺ	
TITLE	D	☐ Delete	TITLE	_ 		☐ Chan	ge Addition	
NAME .	DOOLEY, THOMAS		NAME				ļ	
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP					
TITLE	AS	Delete V	TITLE	1		☐ Chan	ge 🔲 Addition	
NAME OTREET + DROSECO	LIOTTA, MICHAEL A		NAME	1				
STREET ADDRESS CITY-ST-ZIP	1515 BROADWAY		STREET ADDRESS CITY-ST-ZIP				.	
OTT TOTAL	NEW YORK NY 10036		OH 1 - O1 - ZII					

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90101 038 ***150.00

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR