FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # F94000004154 1. Entity Name PARAMOUNT (PDI) DISTRIBUTION INC. 04-09-2001 90019 023 ***150.00 Principal Place of Business Mailing Address 1515 BROADWAY % MICHAEL D. FRICKLAS NEW YORK NY 10036 1515 BROADWAY NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1392894 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET STE 105 TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition Delete TITL F NAME REDSTONE, SUMNER M NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 ☐ Delete TITLE DSVP TITLE Addition NAME FRICKLAS, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10036 TITLE SDCD **▼** Delete TITLE ☐ Change **Addition** NAME SMITH, GEORGE S JR NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 TITLE AS ☐ Delete TITLE Addition NAME STACK, ILENE W NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** TITLE Delete TITLE ☐ Change Addition NAME DOOLEY, THOMAS NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all priner like empowered.