2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am : Secretary of State F94000004154 DOCUMENT # 1. Entity Name PARAMOUNT (PDI) DISTRIBUTION INC. 04-03-2002 90177 029 ***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 4. FEI Number Applied For 06-1392894 Not Applicable Zip Country Zip 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 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE 🔀 Delete TITLE Change KERRIGAN, MEL A NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change FRICKLAS, MICHAEL D NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition REYNOLDS, FREDRIC G NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10036** CITY-ST-ZIP TITLE Katherine B Change Delete TITLE **Addition** STACK, ILENE W NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS 515 B **NEW YORK NY 10036** CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 念ITY-ST-ZIP CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachmed with an address, with all other like empowered.

FILED

212-288-6847