

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004154

1. Entity Name
PARAMOUNT (PDI) DISTRIBUTION INC.



Principal Place of Business
**1515 BROADWAY
NEW YORK, NY 10036**

Mailing Address
**% MICHAEL D. FRICKLAS
1515 BROADWAY
NEW YORK, NY 10036**



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1392894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UDG0000127821

3/12/04-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC GORDON, SUSAN C 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jane R. Fuerst* **Jane R. Fuerst, Asst. Secy. 3/19/04 212 258-6847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #