2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004154

FILED Apr 11, 2006 Secretary of State

Entity Name: PARAMOUNT (PDI) DISTRIBUTION INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1515 BROADWAY NEW YORK, NY 10036				51 W 52ND STREET NEW YORK, NY 10019		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
% MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036			1515 BRO	C/O ADRIENNE HARRINGTON 1515 BROADWAY NEW YORK, NY 10036		
FEI Number:	: 06-1392894	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS STE 105 TALLAHAS	S STREET SSEE, FL 3230		urpose of changing i	ts registered off	fice or registered agent, or both,	
	e of Florida.		,	· - J · · · · · ·	,,	
SIGNATU						
		ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () FRICKLAS, MIC 1515 BROADW. NEW YORK, NY	AY	Title: Name: Address: City-St-Zip:	DP (X) BRISKMAN, LOU 51 W 52ND STR NEW YORK, NY	EET	
Title: Name: Address: City-St-Zip:	VPAS () FUERST, JANE 1515 BROADW, NEW YORK, NY	AY	Title: Name: Address: City-St-Zip:	DT (X) IANNIELLO, JOS 1515 BROADWA NEW YORK, NY	Υ	
Title: Name: Address: City-St-Zip:	AT () HILL, KENNETH 1515 BROADDV NEW YORK, NY	VAY	Title: Name: Address: City-St-Zip:	DCFO (X) REYNOLDS, FRI 51 W 52ND STR NEW YORK, NY	EET	
Title: Name: Address: City-St-Zip:	DEVP () GORDON, SUSA 1515 BROADWA NEW YORK, NY	AY	Title: Name: Address: City-St-Zip:	S (X) STRAKA, ANGEL 1515 BROADWA NEW YORK, NY	Υ	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	AS ()(HALLER, JOANN 11 STANWIX ST PITTSBURGH, P	REET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN HALLER 04/11/2006 AS