

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** **FR4000006149**  
 1. Corporation Name  
**CHANNELEX, INC.**

Principal Place of Business **IN FLA.** Mailing Address  
**2100 PENCE DE LEON BLVD.** **90 CORDAINT HUNDMUS, INC.**  
**CORAL GABLES, FL 33134** **375 HUDSON ST**  
**NEW YORK, NY 10014**

2. Principal Place of Business 21 <b>405 LEXINGTON AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/01/1994</b>	3a. Date of Last Report <b>4-96</b>
22 City & State 23 <b>NEW YORK, NY</b>	27 City & State 28	4. FEI Number <b>13-2563826</b>	Applied For Not Applicable
24 Zip <b>10174</b>	25 Country <b>NY</b>	29 Zip <b>NY</b>	30 Country
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>	10. Name and Address of New Registered Agent 81 Name <b>N/A</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, ARTHUR	1.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10174	1.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, BERNARD	2.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10174	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, CAROL	3.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10174	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPLESK, MICHAEL J.	4.2 NAME	
STREET ADDRESS	375 HUDSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10014	4.4 CITY-ST-ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTPHAL, ROBERT S	5.2 NAME	
STREET ADDRESS	375 HUDSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10014	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert S. Westphal** **5-15-97** **212-463-4010**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)