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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006149

1. Corporation Name  
CHANNELEX, INC.

Principal Place of Business  
405 LEXINGTON AVE.  
NEW YORK NY 10174

Mailing Address  
C/O GOULD & WILKIE  
1 CHASE MANHATTAN PLAZA  
NEW YORK NY 10005  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301

81 Name  
82 CT CORPORATION SYSTEM  
83 Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
84 City  
Plantation  
85 Zip Code  
FL 3332

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

*Conie Bryan*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sign, date, return, and file this filing.)

3-1-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME D'ANGELO, ARTHUR E

STREET ADDRESS 405 LEXINGTON AVE

CITY-ST-ZIP NEW YORK NY 10174

TITLE VPTD [ ] DELETE

NAME DOLAN, BERNARD

STREET ADDRESS 405 LEXINGTON AVE

CITY-ST-ZIP NEW YORK NY 10174

TITLE S [ ] DELETE

NAME D'MARCO, CAROL

STREET ADDRESS 405 LEXINGTON AVE

CITY-ST-ZIP NEW YORK NY 10174

TITLE ASD [ ] DELETE

NAME KOPCSAK, MICHAEL J

STREET ADDRESS C/O GOULD & WILKIE, 1 CHASE MANHATTAN PLAZ

CITY-ST-ZIP NEW YORK NY 10005

TITLE ATD [ ] DELETE

NAME WESTPHAL, ROBERT S

STREET ADDRESS 375 HUDSON ST.

CITY-ST-ZIP NEW YORK NY 10014

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

[ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

[ ] Change [ ] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

[ ] Change [ ] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

[ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

X Change [ ] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

[ ] Change [ ] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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 Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kopcsak, ASD

2/24/99

(212) 344 5680

CR2E034 (11/98)