

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90655 025 ***150.00

DOCUMENT # F94000006149



1. Entity Name
CHANNELEX, INC.

Principal Place of Business
**498 SEVENTH AVENUE
 NEW YORK, NY 10018**

Mailing Address
**MICHAEL J KOPCSAK
 C/O 498 SEVENTH AVENUE
 NEW YORK, NY 10018 US**

54031776



2. Principal Place of Business
90 WPP, 125 Park Ave.
 Suite, Apt. #, etc.
412 Fl.

3. Mailing Address
90 WPP, 125 Park Ave.
 Suite, Apt. #, etc.
412 Fl

02122004 Chg-P CR2E034 (10/03)

City & State
New York, NY

City & State
New York, NY

4. FEI Number
13-2563826

Applied For
 Not Applicable

Zip
10017

Country
USA

Zip
10017

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD HEARN, DAVID 498 SEVENTH AVE. NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DOLAN, BERNARD 498 SEVENTH AVENUE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS D'MARCO, CAROL 498 SEVENTH AVENUE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOPCSAK, MICHAEL J 498 SEVENTH AV NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JAYES, PETER W 121-141 WESTBOURNE TERRACE LONDON, UK W26JR	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PASCUCCI, JAMIE 498 SEVENTH AVE. NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director HOWE, MARY ELLEN 125 PARK AVE NEW YORK, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP-Treas NEWMAN, THOMAS O. 125 PARK AVE NEW YORK, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary/Director FAREWELL, KEVIN 125 PARK AVE. NEW YORK, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer LOBENE, TOM 125 PARK AVE NEW YORK, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas O. Newman* **Thomas O. Newman** *4/2/04* **212-632-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #