

# 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.**

3. Mailing Address  
**90 WPP, 125 Park Ave.**

Suite, Apt. #, etc.  
**412 FL.**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas O. Newman

4/2/04

Date

212-632-2200

Daytime Phone #