

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

FILED

Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006228 (0)**

1. Corporation Name  
**KBL COMMUNICATIONS, INC.**

Principal Place of Business  
**300 FIRST STAMFORD PLACE  
STAMFORD CT 06902**

Mailing Address  
**C/O TWC TAX DEPT.  
P.O. BOX 6700  
ENGLEWOOD CO 80155-6700**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/1994**

4. FEI Number  
**76-0449546**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business  
21 **290 Harbor Drive**

Suite, Apt. #, etc.

22  
City & State  
**Stamford CT**

23  
Zip  
**06902**

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DSVP** ☐ DELETE  
NAME **BRESSLER, RICHARD J**  
STREET ADDRESS **75 ROCKEFELLER PLAZA**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **P** ☐ DELETE  
NAME **HAGE, PETER R**  
STREET ADDRESS **75 ROCKEFELLER PLAZA**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **VP** ☐ DELETE  
NAME **CHRISTIE, WARREN A**  
STREET ADDRESS **1271 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE **VP** ☐ DELETE  
NAME **MC ENERNEY, THOMAS W**  
STREET ADDRESS **75 ROCKEFELLER PLAZA**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **VP** ☐ DELETE  
NAME **PETTY, RICHARD M**  
STREET ADDRESS **300 FIRST STAMFORD PLACE**  
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **VPT** ☐ DELETE  
NAME **RUCKMAN, R. MACKERETH**  
STREET ADDRESS **75 ROCKEFELLER PLAZA**  
CITY-ST-ZIP **NEW YORK NY 10019**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**290 Harbor Drive  
Stamford, CT 06902**

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.

SIGNATURE:



Asst. Treasurer

1/30/98

(303) 799-1200

CR2E034 (10/97)