

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91702 018 ***150.00

DOCUMENT # F95000001615

1. Entity Name
SATURDAY MATINEE, INC.

Principal Place of Business

**38 CORPORATE CIRCLE
 ALBANY NY 12203**

Mailing Address

**38 CORPORATE CIRCLE
 ALBANY NY 12203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1733646

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEOP** Delete
 NAME **HIGGINS, ROBERT J**
 STREET ADDRESS **38 CORPORATE CIRCLE**
 CITY-ST-ZIP **ALBANY NY 12203**

TITLE **VT** Delete
 NAME **SULLIVAN, JOHN J**
 STREET ADDRESS **38 CORPORATE CIRCLE**
 CITY-ST-ZIP **ALBANY, NY 12203**

TITLE **VPF** Delete
 NAME **BIESE, DAVID**
 STREET ADDRESS **38 CORPORATE CIRCLE**
 CITY-ST-ZIP **ALBANY NY 12203**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PLEASE SEE ATTACHED

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John J Sullivan Exec VP / CFO** 5/1/02 (516) 521-1252
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

795000001615

**SATURDAY MATINEE, INC.
CORPORATE OFFICERS**

<u>Name</u>	<u>Address</u>	<u>Title</u>
Robert J. Higgins	38 Corporate Circle Albany, NY 12203	Chairman of the Board President & CEO
John J. Sullivan	38 Corporate Circle Albany, NY 12203	Exec. VP - Finance CFO - Treasurer

Attachment

FOIS 0000001615

**SATURDAY MATINEE, INC.
CORPORATE DIRECTOR**

<u>Name</u>	<u>Address</u>	<u>Title</u>
Robert J. Higgins	38 Corporate Circle Albany, NY 12203	Director