

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

FILED

**Apr 10 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|



DOCUMENT # F95000005312 (2)
 1. Corporation Name
BOZELL WORLDWIDE, INC.

| | |
|--|---|
| Principal Place of Business 302 S. 36TH STREET SUTIE 800 OMAHA NE 68131 US | Mailing Address 800 BLACKSTONE CENTRE 302 SOUTH 38TH STREET OMAHA NE 68131-3627 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/31/1995 | 3a. Date of Last Report 05/21/1996 |
| 4. FEI Number 47-6024114 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 25. Zip |
| 29. Country | 30. Zip |

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PEEBLER, CHARLES D JR | |
| STREET ADDRESS | 166 EAST 64TH STREET | |
| CITY, ST, ZIP | NEW YORK NY 10021 | |
| TITLE | COB | <input type="checkbox"/> DELETE |
| NAME | BELL, DAVID | |
| STREET ADDRESS | 47 EAST 88TH STREET, #4C | |
| CITY, ST, ZIP | NEW YORK NY 10128 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | LEVENSTEIN, ALAN P | |
| STREET ADDRESS | 1185 PARK AVENUE, #4F | |
| CITY, ST, ZIP | NEW YORK NY 10128 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | SCHULBERG, JAY | |
| STREET ADDRESS | 92 EVERGREEN AVENUE | |
| CITY, ST, ZIP | EAST MORICHES NY 11940 | |
| TITLE | EVD | <input type="checkbox"/> DELETE |
| NAME | ZAMMIT, VALENTINE J | |
| STREET ADDRESS | 510 MANHASSET WOODS ROAD | |
| CITY, ST, ZIP | MANHASSET NY 11030 | |
| TITLE | EVD | <input checked="" type="checkbox"/> DELETE |
| NAME | HAYDEN, THOMAS H | |
| STREET ADDRESS | 1115 CHESTNUT AVENUE | |
| CITY, ST, ZIP | WILMETTE IL 60091 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BELL, DAVID |
| 2.3 STREET ADDRESS | 47 EAST 88TH STREET, #4C |
| 2.4 CITY-ST-ZIP | NEW YORK, NY 10128 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | ZAMMIT, VALENTINE J. |
| 5.3 STREET ADDRESS | 510 MANHASSET WOODS ROAD |
| 5.4 CITY-ST-ZIP | MANHASSET, NY 11030 |
| 6.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | ENGELBERT, JOSEPH |
| 6.3 STREET ADDRESS | 302 SOUTH 36TH STREET |
| 6.4 CITY-ST-ZIP | OMAHA, NE 68131 |

14. I do 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; and 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 of this report, with an attachment with an address.

SIGNATURE: _____ **JOSEPH ENGELBERT, EXEC. V.P. - CONTROLLER** 4-1-97 (402) 978-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)