


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001058 (4)

1. Corporation Name

NORTH AMERICAN COMMUNICATIONS CONTROL, INC.

Principal Place of Business

437 W 16TH ST.  
NEW YORK NY 10011

Mailing Address

437 W 16TH ST.  
NEW YORK NY 10011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 114 East 32nd Street

Suite, Apt. #, etc.

22 Suite 401

City & State

23 New York, New York

Zip

24 10016

Country

2a. Mailing Address

26 114 East 32nd Street

Suite, Apt. #, etc.

27 Suite 401

City & State

28 New York, New York

Zip

29 10016

Country

4. FEI Number

11-3150961

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

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

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
MILANA, JAMES  
338 ELMWOOD RD.  
EAST NORTHPORT NY 11731

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SDCO  
GOLDSTEIN, LEN  
16 ROBIN HOOD RD.  
SUFFERN NY 10901

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DCEO  
GLUCK, JACK  
333 ISLAND AVE.  
WOODMERE NY 11598

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DC  
FRAGIN, GARY S  
64 OSBORNE RD  
HARRISON NY 10528

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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 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:

*James M. Milana*

7/26/97

(212) 447-1212

CR2E034 (4/97)