

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06000001607

1. Entity Name

Portal Publications, Ltd. Inc.

Principal Place of Business

Mailing Address

770 Tamalpais Dr. #400
Corre Madera, CA 94925

2. Principal Place of Business

3. Mailing Address

450 West 33rd St.
11th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10001

USA

4. FEI Number

68-0131849

Applied For

Not Applicable

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

CT Corporation System
1200 South Pine Island Rd.
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CFO	<input type="checkbox"/> Delete
NAME	Flynn, Terence	
STREET ADDRESS	770 Tamalpais Dr. #400	
CITY-ST-ZIP	Corre Madera, CA 94925	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fred Drasner	
STREET ADDRESS	450 West 33rd St.	
CITY-ST-ZIP	New York, NY 10001	
TITLE	D/EVP	<input type="checkbox"/> Delete
NAME	Martin D. Krall	
STREET ADDRESS	450 West 33rd St.	
CITY-ST-ZIP	New York, NY 10001	
TITLE	D	<input type="checkbox"/> Delete
NAME	Overnauer, Marne Jr.	
STREET ADDRESS	450 Park Ave #2001	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gorski, Donald	
STREET ADDRESS	770 Tamalpais Dr. #400	
CITY-ST-ZIP	Corre Madera, CA 94925	
TITLE	D/EVP	<input type="checkbox"/> Delete
NAME	Louis Salamone, Jr.	
STREET ADDRESS	450 West 33rd St.	
CITY-ST-ZIP	New York, NY 10001	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003260404--9	
CITY-ST-ZIP	-05/19/00--01121--024	
	****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin D. Krall

4/28/00

Date

212-210-6314

Daytime Phone #

APPROVED
AND
FILED

00 MAY -2 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)