

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90321 049 ***150.00

DOCUMENT # F96000001609

1. Entity Name

Portal Publications, Ltd.

Principal Place of Business

770 Tamalpais Dr. #400
 Corte Madera, CA 94925

Mailing Address

c/o Applied Graphics Tech.
 450 West 33rd Street
 New York, NY 10001

2. Principal Place of Business

770 Tamalpais Dr.

3. Mailing Address c/o A&T

450 West 33rd Street

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

11th Floor

City & State

Corte Madera, CA

City & State

New York, NY

Zip

94925

Country

USA

Zip

10001

Country

USA

4. FEI Number

68-013149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

(NOT)

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, 2011 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	DCFO	<input checked="" type="checkbox"/> Delete
NAME	Flynn, Terence	
STREET ADDRESS	770 Tamalpais Dr. #400	
CITY-ST-ZIP	Corte Madera, CA 94925	
TITLE	D	<input type="checkbox"/> Delete
NAME	Drasner, Fred	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	Krall, Martin D.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	D	<input type="checkbox"/> Delete
NAME	Obernauer, Marne Jr.	
STREET ADDRESS	450 Park Ave, Suite 2001	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Gorski, Donald	
STREET ADDRESS	770 Tamalpais Dr. #400	
CITY-ST-ZIP	Corte Madera, CA 94925	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	Salamone, Louis Jr.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearson, Jeffrey	
STREET ADDRESS	201 Alameda del Prado	
CITY-ST-ZIP	Novato, CA 94948	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vecchiolla, Joseph D.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady, Patrick	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	

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 is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin D. Krall

4/27/01 202-210-6314

Date

Daytime Phone #

CR2E034 (11/00)