

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90017 024 \*\*\*150.00

DOCUMENT # F96000001739

1. Entity Name

SEVEN WORLDWIDE, INC.



Principal Place of Business

450 W 33 ST  
11TH FL  
NY NY 10001  
US

Mailing Address

C/O APPLIED GRAPHICS TECH  
450 W. 33RD ST., 11TH FLOOR  
NY NY 10001  
US

2. Principal Place of Business

3. Mailing Address

c/o Seven Worldwide

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3864004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code  
32301

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. I am familiar with, and accept the obligations of registered agent. *Agent already accepted (see filings)*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	FRASNER, FRED	
STREET ADDRESS	450 W. 33RD ST.	
CITY-ST-ZIP	NEW YORK NY 10001	

TITLE	COOP	<input checked="" type="checkbox"/> Delete
NAME	VECCHIOLLA, JOSEPH	
STREET ADDRESS	450 WEST 33RD STREET	
CITY-ST-ZIP	NEW YORK NY 10001	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACOVARA, CHRIS	
STREET ADDRESS	C/O KOHLBERG, 111 RADIO CIRCLE	
CITY-ST-ZIP	MOUNT KISCO NY 10549	

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GRIGLEVICH, JOSEPH	
STREET ADDRESS	450 WEST 33RD STREET	
CITY-ST-ZIP	NEW YORK NY 10001	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODWARD, GORDON	
STREET ADDRESS	C/O KOHLBERG, 111 RADIO CIRCLE	
CITY-ST-ZIP	MOUNT KISCO NY 10549	

TITLE	SVPT	<input checked="" type="checkbox"/> Delete
NAME	BUONFIGLIO, NAT	
STREET ADDRESS	450 WEST 33RD STREET	
CITY-ST-ZIP	NEW YORK NY 10001	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schawk, Clarence	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

TITLE	DEOP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schawk, David	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

TITLE	DEVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarkisian, Alex	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patterson, James	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vittorini, Ronald	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McEnroe, John	
STREET ADDRESS	1695 River Road	
CITY-ST-ZIP	Des Plaines, IL 60018	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael R. Flanagan*

*Michael R. Flanagan*

4/5/05

212-716-6739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #