

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 15 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002575

1. Corporation Name
ADTIME USA, INC.

Principal Place of Business

420 LEXINGTON AVE
SUITE 520
NEW YORK NY 10170
US

Mailing Address

420 LEXINGTON AVE
SUITE 520
NEW YORK NY 10170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number

13-3541818

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 800 THIRD AVENUE

Suite, Apt. #, etc.

22 28TH FLOOR

City & State

23 New York, NY

Zip

24 10022

Country

25 US

2a. Mailing Address

26 800 THIRD AVE

Suite, Apt. #, etc.

27 28TH FLOOR

City & State

28 New York, NY

Zip

29 10022

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHAPS, RICHARD
STREET ADDRESS 420 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NY 10170

TITLE T ☐ DELETE

NAME BEATTIE, WILLIAM
STREET ADDRESS 420 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NY 10170

TITLE V ☐ DELETE

NAME WHITBY, PAUL G
STREET ADDRESS 555 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10170

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

14 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 800 Third Avenue - 28th Floor
14 CITY-ST-ZIP New York NY 10022

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 800 Third Avenue - 28th Floor
24 CITY-ST-ZIP New York NY 10022

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 800 Third Avenue - 28th Floor
34 CITY-ST-ZIP New York NY 10022

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS 400002911904--3
44 CITY-ST-ZIP -06/22/99--01035--001
*****550.00 *****550.00

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)