

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**  
 07-18-2001 90261 033 \*\*\*550.00

0132213 AT

**DOCUMENT # F99000003999**

1. Entity Name

**AP CENTURY IV OPERATING CORPORATION**

Principal Place of Business

**C/O APOLLO ADVISORS  
 2 MANHATTANVILLE ROAD  
 PURCHASE NY 10577**

Mailing Address

**C/O APOLLO ADVISORS  
 2 MANHATTANVILLE ROAD  
 PURCHASE NY 10577**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1858077**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **HANNAN, JOHN J**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **WEINER, MICHAEL D**  
 STREET ADDRESS **1999 AVENUE OF THE STARS SUITE 1900**  
 CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VAS** ☐ Delete  
 NAME **NEIBART, LEE**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **MACK, RICHARD**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **KOENIG, STUART**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **SOLOTRUK, RONALD J**  
 STREET ADDRESS **2 MANHATTANVILLE ROAD**  
 CITY-ST-ZIP **NEW YORK NY 10019**

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

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald J. Solotruk**

7-11-01

914-694-8000

CR2E034 (5/01)