

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

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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88815** (2)  
1. Corporation Name:  
**BOZELL INC.**



Principal Place of Business <b>302 S. 36TH STREET SUITE 800 OMAHA NE 68131 US</b>	Mailing Address <b>302 S. 36TH STREET SUITE 800 OMAHA NE 68131-3827 US</b>
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3. Date Incorporated or Qualified <b>08/21/1987</b>	3a. Date of Last Report <b>05/21/1996</b>
4. FEI Number <b>47-0709143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	
NAME	SCHULTZ, MICHAEL	
STREET ADDRESS	302 SO 36 STR	
CITY, ST, ZIP	OMAHA NE	
TITLE	AS	
NAME	MARLOW, WILLIAM	
STREET ADDRESS	345 PARK AVE	
CITY, ST, ZIP	NEW YORK NY	
TITLE	VPD	
NAME	ZAMMIT, VALENTINE	
STREET ADDRESS	40 WEST 23RD STREET	
CITY, ST, ZIP	NEW YORK NY	
TITLE	PD	
NAME	PEEBLER, JR. C	
STREET ADDRESS	40 WEST 23RD STREET	
CITY, ST, ZIP	NEW YORK NY	
TITLE	ST	
NAME	GARD, KENNETH E.	
STREET ADDRESS	302 S. 36TH STREET #800	
CITY, ST, ZIP	OMAHA NE	
TITLE	D	
NAME	SICKINGER, TIMOTHY J.	
STREET ADDRESS	302 S. 36TH STREET	
CITY, ST, ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	BELL, DAVID		
1.3 STREET ADDRESS	47 EAST 88TH STREET, #4C		
1.4 CITY-ST-ZIP	NEW YORK, NY 10128		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:  MICHAEL SCHULTZ, SENIOR V.P. 4-1-97 (402) 978-4046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)