PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P11071

SELTEL, INC.

Principal Place of Business

40 WEST 57TH STREET

NEW YORK NY 10019

NEW ADDRESS: 125 W 55th St New York, NY 10019

Mailing Address

40-WEST-57TH STREET

NEW\_YORK-NY-10019

## FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90197 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qua	lifed			
0 5	D	1				08/11/1986				
— '	Place of Business	2a. Mailing Ad	tdress			4. FEI Number			Applied For	
21		26				06-0963166	•		Not Applicable	
Suite, Api	i. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desire	ed <sup>† **</sup> D	\$8.75	Additional ~	
22		27				5. Certificate of Status Desire	, L	Fee F	Required	
City & Sta	ite .	City & Sta	te			6. Election Campaign Finance	zina	\$5.0	May Be	
23		28				Trust Fund Contribution	~" <sup>3</sup>		to Fees	
Zip	Country Zip			Country		8. This corporation owes the	current year Int	angible		
24 25 29 3			30			Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name		,			
CT CORPORATION SYSTEM										
C/O CT CORPORATION SYSTEM				82	2 Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND RD.				83						
. PLA	NTATION FL 33324							,	j	
				84	City			85 Zip	Code	
11 Burguant	to the provisions of Sections 607 0502		., .:		<del></del>		<u>FL</u>			
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida, Such cha	inda Statutes, the inde was authoriz	ed by t	i-named the corp	d corporation submits this statement for poration's board of directors. I hereby a	the purpose of	changing its	s registered	
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607	.0505, Florida St	atutes.			ocopi mie appem		gibioico	
SIGNATURE										
· · - · · · · · · · · · · · · · · ·					signature i	required when reinstating)	DATE			
12.	OFFICERS AND		1:			ADDITIONS/CHANGES TO	OFFICERS AN	DIRECTO		
TITLE	VS	<u> </u>	DELETE 11	TITLE		President		Change	X Addition	
NAME	OLDS, STUART O		1.2	NAME		Kenneth J O'Keefe			i	
STREET ADDRESS	125 WEST 55TH ST		13	STREET	ADDRESS	125 W 55th St				
CITY-ST-ZIP	NEW YORK NY		14	CITY-ST-	ZIP	New York, NY 10019				
TITLE	V	<b>X</b>	DELETE 2.1	TITLE		VP		Change	X Addition	
NAME	OLSON, THOMAS F		22	NAME		William S Banowsky	. Jr			
STREET ADDRESS	_125 WEST 55TH ST	_	23	STREET	ADDRESS	1				
CITY-ST-ZIP	NEW YORK NY	_		CITY-ST		New York, NY 10019		-		
TITLE	Р	<b>X</b> [		TITLE		VPnen E Batomin		[] Change	Addition	
NAME	HIGGINS, JOHN F		l l	NAME				J-	Λ-	
STREET ADDRESS	125 W 55TH ST			STREET	DOBESS	James E Beloyianis	1		İ	
CITY-ST-ZIP	NEW YORK NY 10019			CITY-ST		123 W 33th St				
TITLE	D	DXI r		TITLE	- 217	New York, NY 10019	f I	Change	X Addition	
NAME	OLSON, THOMAS F	4,0				DEVE/CFOsy Aumothory	÷ !	change	4E 7000001	
1	125 WEST 55TH ST		1	NAME		D Geoffrey Armstron	1g		1	
STREET ADDRESS				STREET		125 W 55th St	1		į	
XTY-ST-ZIP	NEW YORK NY			CITY-ST-	ZIP	New York, NY 10019				
me	VPT	ΣΩι		TITLE				7 Change	Addition	
MME	VENDIG, RICHARD E	-> 1		NAME	Ì		1			
TREET ADORESS	125 W 55TH ST	T 1	53	STREET	ODRESS	1			,	
CITY-ST-ZIP	NEW YORK NY 10019		54	CITY-ST-	ZIP .		1			
me			DELETE 6.1	TITLE		SVPhu 1	-4	Change	Addition	
IAME.	• .		6.2	NAME		W Schuyler Hansen	1			
TREET ADDRESS	•		6.3	STREET	ODRESS	125 W 55th St				
			•			TAD'M DOED BE	1			

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 automorphic trustee empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

4/18/2000

(212) 424-6569

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