SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) 1. Corporation Name KORNREICH MEDIA CORP. Principal Place of Business Malling Address 1800 2ND STREET 1800 2ND STREET STE. 799 STE. 709 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 3. Date Incorporated or Qualified 04/13/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0172911 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Cily & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FLECK, AARON H. 1800 SECOND STREET Street Address (P.O. Box Number is Not Acceptable) STE. 799 83 SARASOTA FL 34236 84 City 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) CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VICE PRESIDENT TITLE 1.1 TITLE DELETE Genacoff, Eduaes NAME **GRINACOFF, EDWARD** 1.2 NAME 767 STH AVENUE 767 5TH AVE STREET ADDRESS 1.3 STREET ADDRESS 10153 **NEW YORK NY 10153** NEW YORK CITY-ST-ZIP 1.4 CITY-ST-ZIP PRESIDENT TITLE 2.1 TITLE **X** DELETE MAROCCO, MICHAEL MICHAEL MALOCCO, NAME 2.2 NAME 767 STH AVENUE STREET ADDRESS 767 **5T**H AVE 2.3 STREET ADDRESS NEW YORK **NEW YORK NY 10153** 10153 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE TITLE DIRECTOL Change Addition MITCHELL MOITA KORNREICH, JOHN NAME 3.2 NAME 767 STH AVENUE STREET ADDRESS 767 **5TH AVE** 3.3 STREET ADDRESS NEW YOLK NEW YORK NY 10153 10153 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.\$ STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZiP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 sectiver 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 by an attachment with art address.

EDWALD

FILED

(212) 754-8100