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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29580

1. Corporation Name

RAINBOW ADVERTISING SALES CORPORATION

Į	Principal Place	of Business	Mailing Address			[1881(88) 150 1504 1818 1818 1011 801 8101	. 61611 21011 61011 61	
530 5TH AVENUE C/O CABLEVISION SYS			C/O CABLEVISION SYSTEMS	3				
6TH FLOOR 1 MEDIA CROSSWAYS				DO NOT WRITE IN THIS SPACE		IS SPACE		
NEW YORK NY 10036 WOODBURY NY 11797-2013 US US				3. Date Incorporated or Qualified				
	03		00			05/31/1990		
I	2 Principal Pl	ace of Business	2a. Mailing Address	 		4. FEI Number	Apr	olied For
١	21 21	ace of Dusiness	26 c/o Corporate	Para	legal		<u> </u>	Applicable
1	Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75 A	dditional
١	22	.,,	27 1111 Stewart	Ave		5. Certificate of Status Desired	Fee Re	quiréd
	City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
ı	23		28 Bethpage, NY			Trust Fund Contribution	Added to	Fees
	Zip	Zip Country Zip		Country		8. This corporation owes the current year Intangible		
	24	25	29 11714-3581 ₃₀	<u> </u>		Personal Property Tax.		⊠ No
		9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
	THE	PRENTICE-HALL CORPORATION	SYSTEM INC	61	Ivanie	_		
1201 HAYES STREET SUITE 105			82	82 Street Address (P.O. Box Number is Not Acceptable)		,		
	l	AHASSEE FL 32301		83				
I		347,0000		0.5				
1				84	City	F	85 Zip C	Code
	44 Dunayant	to the associations of Sections 607 0507	and 607 1509 Florida Statutes	the above	e-named	corporation submits this statement for the purpose	of changing its	registered
	office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	onzed by	the corpo	oration's board of directors. I hereby accept the app	ointment as reg	gistered
	agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	i.			
1	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Age	nt signature n	equired when reinstating) DATE		
	12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
	TITLE	С	☐ DELETE	1.1 TITLE			🔀 Change	☐ Addition
	NAME	DOLAN, CHARLES F.		1.2 NAME				
	STREET ADDRESS	ONE MEDIA ODGODINAVO		1.3 STREE	T ADDRESS	1111 Stewart Ave		
	CITY-ST-ZIP	WOODBURY NY		14 CITY-S	T-ZIP	Bethpage, NY 11714		
	TITLE	VC	☐ DELETE	2.1 TITLE			Change	☐ Addition
	NAME	LUSTGARTEN, MARC		22 NAME	ļ			
	STREET ADDRESS	ONE MEDIA CROSSWAYS		2.3 STREE	TADDRESS	1111 Stewart Ave		
	CITY-ST-ZIP	WOODBURY NY		2. 4 CITY-5	ST-ZIP	Bethpage, NY 11717		
	TITLE	D	☐ DELETE	31 TITLE			Change	☐ Addition
	NAME	BELL, WILLIAM J.		3.2 NAME				
	STREET ADDRESS	ONE MEDIA CROSSWAYS			TADDRESS	1111 Stewart Ave		
	CITY-ST-ZIP	WOODBURY NY	Classett	3.4. CITY-S	ST-ZIP	Bethpage, NY 11714	(X Change	☐ Addition
	TITLE	SVPS	☐ DELETE	4.1 TITLE			List Change	Addition
	NAME	RATNER, HANK J.		4. 2 NAME		1111 Stewart Ave		
	STREET ADDRESS				 !	IIII Occurate 1110		
	CITY-ST-ZIP	WOODBURY NY			TADORESS			
. !!	TITLE	n	□ DELETE	4.4 CITY-S		Bethpage, NY 11714	IXI Change	☐ Addition
. !!	NAME STREET ADODESS	P PANE DAVID	☐ DELETE	4.4 CITY-S 5.1 TITLE			⊠ Change	Addition
. !!	STREET ADDRESS	KLINE, DAVID	☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		⊠ Change	Addition
	CITY OF TIO	KLINE, DAVID 150 CROSSWAYS PARK W	☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP	Bethpage, NY 11714	[⊠ Change	Addition
	CITY-ST-ZIP	KLINE, DAVID 150 CROSSWAYS PARK W WOODBURY NY 11797		4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP	Bethpage, NY 11714 530 5th Avenue, 6th floor	☐ Change	
	TITLE	KLINE, DAVID 150 CROSSWAYS PARK W WOODBURY NY 11797 SVP	DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP	Bethpage, NY 11714 530 5th Avenue, 6th floor New York, NY 10036 SVP	.	☐ Addition
	-	KLINE, DAVID 150 CROSSWAYS PARK W WOODBURY NY 11797		4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP	Bethpage, NY 11714 530 5th Avenue, 6th floor New York, NY 10036	.	

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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WOODBURY NY

ING OFFICER OR DIRECTOR

Bethpage, NY