2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2000 8:00 am Secretary of State **DOCUMENT # P29580** 1. Entity Name RAINBOW ADVERTISING SALES CORPORATION 02-28-2000 90097 001 ***300.00 Principal Place of Business Mailing Address C/O CORPORATE PARALEGAL 530 5TH AVENUE **6TH FLOOR** 1111 STEWART AVE 9424 NEW YORK NY 10036 BETHPAGE NY 11714-3533 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2711741 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE Chairman/ Director NAME DOLAN, CHARLES F. NAME STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP CITY-ST-ZIP BETHPAGE NY SVP, Legal & Business Affairs Change Delete ☐ Addition TITLE ٧C TITLE NAME NAME LUSTGARTEN, MARC David Deitch STREET ADDRESS STREET ADDRESS 1111 STEWART AVE 1111 Stewart CITY-ST-ZIP CITY-ST-ZIP Bethpage NY 11714 BETHPAGE NY ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BELL, WILLIAM J. NAME STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP CITY-ST-ZIP **BETHPAGE NY** Change ☐ Addition TITLE **SVPS** Delete TITLE COO NAME RATNER, HANK J. NAME STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP CITY-ST-ZIP **BETHPAGE NY** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KLINE, DAVID NAME STREET ADDRESS STREET ADDRESS 530 5TH AVE 6TH FL CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Delete ☐ Addition TITLE SVP DIPASQUALE, MICHAEL NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1111 STEWART AVE

BETHPAGE FL

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR