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Daytime Phone #

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

## Mar 14, 2002 8:00 am Secretary of State **DOCUMENT #** P29580 1. Entity Name 03-14-2002 90043 043 \*\*\*150.00 RAINBOW ADVERTISING SALES CORPORATION Principal Place of Business Mailing Address 530 5TH AVENUE C/O CORPORATE PARALEGAL **6TH FLOOR** 1111 STEWART AVE NEW YORK NY 10036 BETHPAGE NY 11714-3581 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 11-2711741 Not Applicable Zip Country Country \$8.75 Additional 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 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE CD ☐ Delete TITLE Change Addition NAME DOLAN, CHARLES F. NAME STREET ADDRESS 1111 STEWART AVE STREET ADDRESS BETHPAGE NY CITY-ST-ZIP CITY-ST-ZIP TITLE SVP Delete TITLE Change ☐ Addition NAME DEITCH, DAVID NAME STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP CITY-ST-ZIP BETHPAGE NY TITLE TITLE ☐ Addition ☐ Delete Change NAME BELL, WILLIAM J. STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP **BETHPAGE NY** CITY-ST-ZIP TITLE CO0 Delete TITLE Change Addition NAME RATNER, HANK J. NAME STREET ADDRESS STREET ADDRESS 1111 STEWART AVE CITY-ST-ZIP **BETHPAGE NY** CITY-ST-ZIE TITLE ☐ Delete Change Addition KLINE, DAVID NAME NAME STREET ADDRESS 530 5TH AVE 6TH FL STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME DIPASQUALE, MICHAEL NAME 1111 STEWART AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHPAGE FL CITY-ST-ZIP 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.