


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4.3 SD. 159  
**FILED**

Sep 08, 2004 08:00 AM  
Secretary of State

DOCUMENT # P29580	
1. Entity Name RAINBOW ADVERTISING SALES CORPORATION	

Principal Place of Business 530 5TH AVENUE 6TH FLOOR NEW YORK, NY 10036 US	Mailing Address C/O CORPORATE PARALEGAL 1111 STEWART AVE BETHPAGE, NY 11714-3581 US
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07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2711741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.	


SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOLAN, CHARLES F. 1111 STEWART AVE BETHPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DEITCH, DAVID 1111 STEWART AVE BETHPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, WILLIAM J. 1111 STEWART AVE BETHPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO RATNER, HANK J. 1111 STEWART AVE BETHPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, DAVID 530 5TH AVE 6TH FL NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DIPASQUALE, MICHAEL 1111 STEWART AVE BETHPAGE, FL

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09/08/04-80003-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and if 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 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  Date <u>7/31/04</u> Daytime Phone # _____ </div>