

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38466

1. Entity Name

BATES ADVERTISING USA, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90430 045 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O GOULD & WILKIE  
1 CHASE MANHATTAN PLAZA  
NEW YORK NY 10005-1401  
US

2. Principal Place of Business

498 SEVENTH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

Zip

10018

Country

USA

Zip

Country

4. FEI Number

13-2993871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Delete
NAME	BUNGEY, MICHAEL	
STREET ADDRESS	405 LEXINGTON AVE. 498 7TH AVE	
CITY-ST-ZIP	NEW YORK NY 10174 NEW YORK, NY 10018	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	D'ANGELO, ARTHUR E	
STREET ADDRESS	405 LEXINGTON AVE. 498 7TH AVE	
CITY-ST-ZIP	NEW YORK NY 10174 NEW YORK, NY 10018	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DOLAN, BERNARD	
STREET ADDRESS	405 LEXINGTON AVE. 498 7TH AVE	
CITY-ST-ZIP	NEW YORK NY 10174 NEW YORK, NY 10018	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WHITEHEAD, WILLIAM	
STREET ADDRESS	405 LEXINGTON AVE. 498 7TH AVE	
CITY-ST-ZIP	NEW YORK NY 10174 NEW YORK, NY 10018	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	KOPCSAK, MICHAEL J	
STREET ADDRESS	C/O GOULD & WILKIE, 1 CHASE MANHATTAN PLAZ	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	A/T	<input checked="" type="checkbox"/> Delete
NAME	WESTPHAL, ROBERT S.	
STREET ADDRESS	375 HUDSON ST.	
CITY-ST-ZIP	NEW YORK NY 10014	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER W. JAYES	
STREET ADDRESS	498 7TH AVE	
CITY-ST-ZIP	NEW YORK, NY 10018	

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.

SIGNATURE:

*Bernard P. Dolan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 19/99