FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P92000002377 (9)

PARAMOUNT NORTH, INC.

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					ı od arındak eim tabin ildir dibiri dibiri dibiri dibiri	88118 119 63 111(1 1 9	BJ1: 1001 1001
404 EAST 79TH STREET 404 EAST 79TH STREET NEW YORK NY 10021 NEW YORK NY 10021					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
					10/29/1992		
	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0364936	No.	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	O	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip Country		••	Zip Country		Trust Fund Contribution		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current Registered Agent		1	10. Name and Address of New Registered Agent			
N/	IVON, SAMUEL D ESQ.		8	Name			
NAVON, KOPELMAN & O'DONNELL, P.A.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	99 STIRLING RD., SUITE B100 LAUDERDALE FL 33312		83	3			
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es the abov	/e-named cor	rogation authorite this statement for the guernes	of abancing it	te registered
l office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	authorized b	ov the corpora	ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	Section of the sectio						
12.	Stynalize typed or profed name of registered as	OD DRI CTORS (NOT	Registered Ac	jent signature requ	ulred when reinstating) DAT(ADDITIONS/CHANGES TO OFFICERS A		20 161 40
TITLE	PD	DETETI	11 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	POLLAN, STEPHEN M		1.2 NAME	i		LLJ Stange	, radion
STREET ADDRESS	AAA E BATH ATREET AR			T ADDRESS			ļ:
CITY-ST-ZIP	NEW YORK NY 10021		1.4 C/TY-				į.
TITLE	STD	DELETE	2.1 TITLE	<u>~</u>	77.79.148.18.19.19.19.19	Change	Addition
NAME	MORROW, JANE K		22 NAME			_ •	
STREET ADDRESS	ANA P TATULATORET AN		2.3 STREE	1 ADDRESS	÷		
CITY-ST-ZIP	NEW YORK NY 10021	NOV 557 40004		·ST · ZIP			
TITLE	D	DELETE	3 1 TIFLE			Change	Addition
NAME	ZIMMER, EMMANUEL 31		3 2 NAME			_	
STREET ADDRESS	6 EAST 74TH STREET			T ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10021		3.4. CITY	·ST-ZIP			
TIFLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			.]
TITLE		DELETE	5.1 T(T).€			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			-
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		-	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	1 ADDRESS			
CITY-S1-ZIP	 		64 CITY-				
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recess comy mactive information supplied with this tiling doos not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival report or suppliemental 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 charged, or on an attachment with an address