

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

0004393

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90016 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000370

1. Corporation Name
PAGE COMMUNICATIONS GROUP, INC.



Principal Place of Business 485 FIFTH AVENUE NEW YORK NY 10017	Mailing Address 485 FIFTH AVENUE NEW YORK NY 10017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/20/1996	
4. FEI Number 13-1598443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
 801 NORTHEAST 167TH ST., SUITE 300
 NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NULMAN, RICHARD	
STREET ADDRESS	485 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GRIMES, JOHN	
STREET ADDRESS	485 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CANTOS, JOEL	
STREET ADDRESS	485 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LERWILL, ROBERT	
STREET ADDRESS	WPP GROUP - 27 FARM STREET	
CITY-ST-ZIP	LONDON W1X 6RD	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BAGLEY, MILTON	
STREET ADDRESS	485 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEUMAN, THOMAS	
STREET ADDRESS	485 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental 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 recipient of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/28/99 DAYTIME PHONE #: 212 818-0100

CR2E034 (11/98)