

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

000422

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000004425**  
 1. Corporation Name  
**PRODELIN CORPORATION**



Principal Place of Business <b>565 FIFTH AVE. 17TH FL. NEW YORK NY 10017</b>	Mailing Address <b>565 FIFTH AVE. 17TH FL. NEW YORK NY 10017</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/04/1998</b>	4. FEI Number <b>56-1550098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO/D	<input type="checkbox"/> DELETE
NAME	KANIPE, GARY R	
STREET ADDRESS	1700 NE CABLE DR.	
CITY-ST-ZIP	CONOVER NC 28613	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOWMAN, LARRY A	
STREET ADDRESS	1700 NE CABLE DR.	
CITY-ST-ZIP	CONOVER NC 28613	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANUS, GARY	
STREET ADDRESS	1700 NE CABLE DR.	
CITY-ST-ZIP	CONOVER NC 28613	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHOEMAKE, MARVIN	
STREET ADDRESS	1700 NE CABLE DR.	
CITY-ST-ZIP	CONOVER NC 28613	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINS, ROBERT B	
STREET ADDRESS	565 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	565 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 change or on an attachment with an address with all other key employees.

SIGNATURE: *Robert B. Levine* **ROBERT B. LEVINE** VICE-PRESIDENT **1/4/99** 212-850-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CDPENC31 111081