4.3.80.159

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P29580

1. Entity Name
RAINBOW ADVERTISING SALES CORPORATION

Principal Place of Business	Mailing Address
530 5TH AVENUE 6TH FLOOR NEW YORK, NY 10036 US	C/O CORPORATE PARALEGAL 1111 STEWART AVE BETHPAGE, NY 11714-3581 US

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2711741
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DOLAN, CHARLES F.
STREET ADDRESS	1111 STEWART AVE
CITY-ST-ZIP	BETHPAGE, NY
TITLE	SVP
NAME	DEITCH, DAVID
STREET ADDRESS	1111 STEWART AVE
CITY-ST-ZIP	BETHPAGE, NY
TITLE	D
NAME	BELL, WILLIAM J.
STREET ADDRESS	1111 STEWART AVE
CITY-ST-ZIP	BETHPAGE, NY
TITLE	COO
NAME	RATNER, HANK J.
STREET ADDRESS	1111 STEWART AVE
CITY-ST-ZIP	BETHPAGE, NY
TITLE	P
NAME	KLINE, DAVID
STREET ADDRESS	530 5TH AVE 6TH FL
CITY-ST-ZIP	NEW YORK, NY
TITLE	SVP
NAME	DIPASQUALE, MICHAEL
STREET ADDRESS	1111 STEWART AVE
CITY-ST-ZIP	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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #