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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29580** **(8)**

1. Corporation Name
RAINBOW ADVERTISING SALES CORPORATION

Principal Place of Business	Mailing Address
530 5TH AVENUE 6TH FLOOR NEW YORK NY 10036 US	C/O CABLEVISION SYSTEMS 1 MEDIA CROSSWAYS WOODBURY NY 11797-2013 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

3. Date Incorporated or Qualified: 05/31/1990

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	DOLAN, CHARLES F.		1.2 NAME		
STREET ADDRESS	ONE MEDIA CROSSWAYS		1.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Vice Chairman	☐ Change ☒ Addition
NAME	LUSTGARTEN, MARC		2.2 NAME		
STREET ADDRESS	ONE MEDIA CROSSWAYS		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BELL, WILLIAM J.		3.2 NAME		
STREET ADDRESS	ONE MEDIA CROSSWAYS		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY		3.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	4.1 TITLE	SVP & Secretary	☒ Change ☐ Addition
NAME	RATNER, HANK J.		4.2 NAME		
STREET ADDRESS	150 CROSSWAYS PARK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME	SINNES, KATHRYN		5.2 NAME	David Kline	
STREET ADDRESS	530 5TH AVENUE 6TH FLOOR		5.3 STREET ADDRESS	150 Crossways Park W	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOLAN, THOMAS		6.2 NAME		
STREET ADDRESS	ONE MEDIA CROSSWAYS		6.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY		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 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 changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)