

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
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DOCUMENT # **P29580** (8)
1. Corporation Name
RAINBOW ADVERTISING SALES CORPORATION

Principal Place of Business

530 5TH AVENUE
6TH FLOOR
NEW YORK NY 10036
US

Mailing Address

C/O CABLEVISION SYSTEMS
1 MEDIA CROSSWAYS
WOODBURY NY 11797-2013
US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

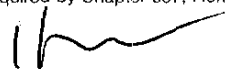
TITLE	D	☐ DELETE
NAME	DOLAN, CHARLES F.	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY-ST-ZIP	WOODBURY NY	
TITLE	D	☐ DELETE
NAME	LUSTGARTEN, MARC	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY-ST-ZIP	WOODBURY NY	
TITLE	D	☐ DELETE
NAME	BELL, WILLIAM J.	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY-ST-ZIP	WOODBURY NY	
TITLE	EVPD	☐ DELETE
NAME	RATNER, HANK J.	
STREET ADDRESS	150 CROSSWAYS PARK DRIVE	
CITY-ST-ZIP	WOODBURY NY	
TITLE	P	☒ DELETE
NAME	SINNES, KATHRYN	
STREET ADDRESS	530 5TH AVENUE 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	☐ DELETE
NAME	DOLAN, THOMAS	
STREET ADDRESS	ONE MEDIA CROSSWAYS	
CITY-ST-ZIP	WOODBURY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice Chairman	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SVP & Secretary	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	☐ Change ☒ Addition
5.2 NAME	David Kline	
5.3 STREET ADDRESS	150 Crossways Park W	
5.4 CITY-ST-ZIP	Woodbury NY 11797	
6.1 TITLE		☐ Change ☐ 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 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)