


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003573					
1. Entity Name DVL, INC.					
Principal Place of Business 70 EAST 55TH STREET 7TH FLOOR NEW YORK NY 10022		Mailing Address 70 EAST 55TH STREET 7TH FLOOR NEW YORK NY 10022			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 13-2892858	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICKER, GARY W		NAME		
STREET ADDRESS	1050 LENX PARK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30319		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL		NAME		
STREET ADDRESS	1370 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10023		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, HENRY		NAME		
STREET ADDRESS	70 EAST 55TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAILER, JAY		NAME		
STREET ADDRESS	70 EAST 55TH STREET, 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASNOFF, ALAN E		NAME		
STREET ADDRESS	842 N BROAD ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date: <u>4/15/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)

13-2892858

\$8.75 Additional Fee Required

NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE FL 32301

\$5.00 May Be Added to Fees

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 04/11/05-80128-004 150.00

4/15/05