2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059065

Title:

Name:

Address:

City-St-Zip:

FILED Jul 11, 2007 Secretary of State

Entity Name: PMG SPE MEMBER CORPORATION				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	TH ST. 2ND FLOOR (, NY 10003			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	TH ST. 2ND FLOOR K, NY 10003			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
EISINGER, DENNIS J 4000 HOLLYWOOD BLVD SUITE 265-S HOLLYWOOD, FL 33021 US		SUITE 601	201 ALHAMBRA CIRCLE	
The above in the State	named entity submits this statement for the p of Florida.	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E: DAVID SHEAR		07/11/2007	
	Electronic Signature of Registered Age	nt	Date	
	e with s. 607.193(2)(b), F.S., the corporation did no paign Financing Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete FELDMAN, ZIEL 120 SOUTH WOODLAND STREET ENGLEWOOD, NJ 07631	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GOLDSTEIN, BRUCE M 20201 E COUNTRY CLUB DR. #702 HAMPTONS S. AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete JOSEPH, ELLIOTT 80-88 TRYON PLACE JAMAICA, NY 11432	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MALONEY, KEVIN 500 EAST AVENUE NEW YORK, NY 10024	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ZIEL FELDMAN D 07/11/2007

() Delete

SCHNEIDERMAN, MITCHELL

6 ORCHARD WAY

WARREN, NJ 07059

() Change () Addition