

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059065

FILED
Jun 29, 2009
Secretary of State

Entity Name: PMG SPE MEMBER CORPORATION

Current Principal Place of Business:

5 EAST 17TH ST. 2ND FLOOR
NEW YORK, NY 10003

New Principal Place of Business:

Current Mailing Address:

5 EAST 17TH ST. 2ND FLOOR
NEW YORK, NY 10003

New Mailing Address:

FEI Number: 20-2696706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, DAVID
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELDMAN, ZIEL
Address: 120 SOUTH WOODLAND STREET
City-St-Zip: ENGLEWOOD, NJ 07631

Title: D () Delete
Name: GOLDSTEIN, BRUCE M
Address: 20201 E COUNTRY CLUB DR. #702 HAMPTONS S.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: JOSEPH, ELLIOTT
Address: 80-88 TRYON PLACE
City-St-Zip: JAMAICA, NY 11432

Title: D () Delete
Name: MALONEY, KEVIN
Address: 500 EAST AVENUE
City-St-Zip: NEW YORK, NY 10024

Title: D (X) Delete
Name: SCHNEIDERMAN, MITCHELL
Address: 6 ORCHARD WAY
City-St-Zip: WARREN, NJ 07059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID SODOWICK

AUTH

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date