LIMITED LIABILITY COMPANY ÜNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M02000003491 1. Entity Name 03 MAY 20 AM 8: 51 B60 YOUTH, LLC JUNE WARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 500 S. Chaffee Road Clo Alloy, Inc 151 W. 26th St Suite, Apt. #Note. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11th FI ot 23 City & State City & State 4. FEI Number Applied For 27-0037665 Not Applicable ack sonville New York Country Country \$5.00 Additional 5. Certificate of Status Desired 3222(Fee Required (100) 7. Name and Address of Current Registered Agent Service DO NOT WRITE Corporation Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Tall anassee 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 FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9 3000.6084513 President 1 Manager Manager C. Diamond TITLE CR2E083B (12/02 TITLE 05/23/03--01051--017 **45.00 NAME 151 W. 26th St. 11th Fl. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New York, NY 10001 Trasura-1 Manager 8 anuel A. Gradess CITY-ST-ZIP TITLE TITLE NAME NAME 300015084513 04/16/03-01003-009 **5.00 151W. 26-407 (1+5+1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ven lak, Ny 1000 Secretary TITLE TITLE Gina DiGioi a NAME NAME STREET ADDRESS (51 W, 26th St. 1)+hFl STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CTTY_ST_ZIP New-40-6-14-10001 Assistant Treasurer TITLE TIME IN THIS SPACE James C. Danatos NAME NAME STREET ADDRESS 151 W.26th St. 1 1th F(STREET ADDRESS CITY-ST-ZIP New York, NY 10001 CITY-ST-ZIP Manager Janes K. Johnson, Jr. TITLE TITLE NAME STREET ADDRESS 151 W. 26 th St. 11th FI STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Ven York NY 10001 **₹**TITLE TITLE √.NAME NAME STREET ADDRESS STREET ADDRESS *CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the eceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED