FOR PROFIT CORPORATION LINIFORM BUSINESS REPORT (LIBR)

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1. Entity Name 150000000023						Fig. 1 Comp. Comp.			
PAMI LEMB, III INC.						04; JUN - 1 AM 10: 18			
DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE TALLAHASSEE FLORIDA			
						700036	:2748	97	
2. Principal Place of Business 3. Mailing Address 745 Seventh Ave 70 Hudson Street						05/13/04010		**3450 . 00	
745 Seve		ve	70 Hudson Suite, Apt. #,			DO NOT WRITI	E IN THIS SPAC	E	
City & State			City & State			4. FEI Number		Applied For	
New York Zip	, NY	Country	Jersey Cit	t <u>y, NJ</u> Coun	try	13-4088900	<u> </u>	75 Additional	
10019			07302		1	5. Certificate of Status Desired	└ Fee	Required	
53,23	DO N	OT WRITE IN T	HIS SPACE		Name	7. Name and Address of Current	Registered Ag	ent	
						ION SERVICE COMPAN (P.O. Box Number is Not Acceptal			
					2002 "				
					1201 Hays Street City Zip Code				
8. The above	named e	ntity submits this stateme	ont for the nursose of	changing its r	Tallahas	se registered agent, or both, in the Sta		2301	
		ations of registered agent		onunging its i	,	ogistored agont, or boar, in the ou	10 01 101100.10		
SIGNATURE									
	Signature,	typed or printed name of regis	stered agent and title if	applicable.	(NOTE: Registered A	gent signature required when reinstatin	g) , [DATE	•
	After May Amende	May 1 Fee is \$150.00 / 1, Fee is \$550.00 ed UBR is \$61.25 to Florida Department o				9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
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4/26/04 201-499-6664 Date Dayt nie phone in Williams