

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F0000000023 1. Entity Name <b>PAMI LEMB, III INC.</b>	<b>700089000023</b>
--	---------------------

**FILED**

04 JUN -1 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**700036274897**  
05/13/04--01075--006 \*\*3450.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>745 Seventh Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>70 Hudson Street</b> Suite, Apt. #, etc.
---	--

City & State <b>New York, NY</b>	City & State <b>Jersey City, NJ</b>
Zip <b>10019</b>	Zip <b>07302</b>

4. FEI Number <b>13-4088900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CORPORATION SERVICE COMPANY</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1201 Hays Street</b>	
City <b>Tallahassee</b>	FL Zip Code <b>32301</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YON K. CHO 745 7th Ave New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPHER S. MCKENNA 745 7TH AVE NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRIAN BARRY 745 7th Ave. New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARRY J. O'BRIEN 70 Hudson St Jersey City, NJ 07302	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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, and that my signature shall have the same legal effect as if made under oath. 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 is to be printed in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	BARRY J. O'BRIEN	4/26/04	201-499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Days and Mins: 04/26/04

CR2E034B (12/02)