## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 08:00 Al Secretary of State

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1. Entity Nar	IMENT # F000000000 МВ (II INC.	23					•
Principal Pla	ce of Business	Mailing Address	·	1			
745 SEVEN NEW YORK,		70 HUDSON STREET JERSEY CITY, NJ 07302 US	;				
			<u> </u>				
-	O NOT WOITE	^F	03252008	No Chg-P	CR2E034 (11)	(05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numl			Applied For
					e of Status Desired		Not Applicable Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>			Fee Rec	quired
1201 HAY	ATION SERVICE COMPANY 'S STREET SSEE, FL 32301-2525			NOT W			
8. The above	a named entity submits this statement for th	e purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar v	with, and accept
the obliga	tions of registered agent.				•		
SIGNATURE.	Signature, typed or printed name of registered agent and	itle il applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE	·
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				00 May Be ad to Fees			
10.	OFFICERS AND DIF	RECTORS			U0000	00902429	
NAME STREET ADDRESS CITY-ST-ZIP	PD CHO, YON K 745 SEVENTH AVENUE NEW YORK, NY 10019				04/3 <b>0</b> /08	)0902429 3-80005-00;	1 6000.00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302						
NAME STREET ADDRESS CITY-ST-ZIP	V MCKENNA, CHRISTOPHER S 745 SEVENTH AVENUE NEW YORK, NY 10019			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

CITY-S1-ZIP

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/08

(2011499-6664