

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90113 033 \*\*\*150.00

**DOCUMENT # F93000003573**

1. Entity Name  
**DVL, INC.**

Principal Place of Business

**70 EAST 55TH STREET  
 7TH FLOOR  
 NEW YORK NY 10022**

Mailing Address

**70 EAST 55TH STREET  
 7TH FLOOR  
 NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2892858**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
 NAME **SMITHLINE, FREDERICK E**  
 STREET ADDRESS **250 PARK AVE., 14TH FL.**  
 CITY-ST-ZIP **NEW YORK NY 10177**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ROSENBERG, MICHAEL**  
 STREET ADDRESS **1370 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **CASNOFF, ALAN E**  
 STREET ADDRESS **642 N. BROAD ST.**  
 CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **YUDELL, ALLEN**  
 STREET ADDRESS **1715 MANDYLYNN COURT**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPS** ☒ Delete  
 NAME **BALDWIN, DANIEL**  
 STREET ADDRESS **20 EAST 55TH STREET 7TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition  
 NAME **VPS SWAIN, HENRY**  
 STREET ADDRESS **70 EAST 55TH STREET**  
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **CFO** ☒ Delete  
 NAME **FLICKER, GARY**  
 STREET ADDRESS **70 EAST 55TH STREET, 7TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition  
 NAME **CFO THAILER, JAY**  
 STREET ADDRESS **70 EAST 55TH STREET, 7TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NY 10022**

13. 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 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED HENRY SWAIN 4/25/02 (212) 350-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)