

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90060 001 ***150.00

0441722

DOCUMENT # F95000000388
 1. Entity Name
GRIFFTEL MANAGEMENT, INC.

Principal Place of Business 780 THIRD AVE. NEW YORK NY 10017	Mailing Address 780 THIRD AVE. NEW YORK NY 10017
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00035400



DO NOT WRITE IN THIS SPACE

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 13-3758190	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent:

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 _____ (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, 2001 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

TITLE	C	<input type="checkbox"/> Delete
NAME	GRIFFIN, MERV	
STREET ADDRESS	9860 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, LAWRENCE	
STREET ADDRESS	780 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	KNOLLMEYER, PAUL	
STREET ADDRESS	780 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VS	<input type="checkbox"/> Delete
NAME	REDLICH, GLORIA	
STREET ADDRESS	780 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EYRE, MICHAEL	
STREET ADDRESS	9860 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gloria Redlich **GLORIA REDLICH** 1/8/01 212-753-4603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)