CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am DOCUMENT # **Secretary of State** F95000001532 1. Entity Name 02-21-2002 90136 013 ***150.00 NEW IMAGE REALTY, INC. Principal Place of Business Mailing Address 888 SEVENTH AVE. 888 SEVENTH AVE. **SUITE 3400** SUITE 3400 NEW YORK NY 10106-0199 NEW YORK NY 10106-0199 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 88-0262895 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYES ST. SUITE.2 TALL'AHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be "·Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PD ☐ Delete TITLE Addition NAME WALLACE, PAUL F STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE. CITY-ST-ZIP CITY-ST-ZIP NEWLYORK: NY. 10106-0199 TITLE ☐ Delete TITLE ☐ Change Addition DVS" NAME BORY, JUDITH STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106-0199 TITLE Delete TITLE ☐ Change Addition NAME LOPATER, LAWRENCE STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE, STE 3400 CITY-ST-ZIP CITY-ST-ZIP NEW Y<u>ORK</u> NY 10106 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JUDITH_