

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 AUG -8 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-P CR2E034 (12/06)

4. FEI Number **13-3841020** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
1 S.E. THIRD AVENUE
28TH FLOOR, #2800
MIAMI, FL 33131

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. 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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME TAYLOR, PAUL E III
STREET ADDRESS 380 LEXINGTON AVE SUITE 710
CITY-ST-ZIP NEW YORK, NY 10168

TITLE **T** ☐ Delete
NAME SAMBUCO, JOSEPH S
STREET ADDRESS 380 LEXINGTON AVE SUITE 710
CITY-ST-ZIP NEW YORK, NY 10020

TITLE **S** ☐ Delete
NAME FELDMAN, JEFFREY B
STREET ADDRESS 380 LEXINGTON AVE SUITE 710
CITY-ST-ZIP NEW YORK, NY 10168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **800134410038**
STREET ADDRESS **08/13/08--01005--001 **927.50**
CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph S. Sambuco 7/5/08

Date

212-632-6902

Daytime Phone #