

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90031 019 ***150.00

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1. Entity Name

NPMGP, INC.



Principal Place of Business

**910 TRAVIS STE. 1000
HOUSTON TX 77002**

Mailing Address

**C/O CSFB, INC., ATTN: CORP TAX
11 MADISON AVE.
NEW YORK NY 10010**

2. Principal Place of Business

New York

3. Mailing Address

Suite, Apt. #, etc.

11 Madison Avenue

City & State

New York, NY

Zip

10010

Country

USA

Country

4. FEI Number

13-3998887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RIFKIN, ANDREW P**
STREET ADDRESS **11 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **VD** ☒ Delete
NAME **SHOLEM, BARRY A**
STREET ADDRESS **2121 AVE. OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE **S** ☐ Delete
NAME **RUSSO, LORI M**
STREET ADDRESS **11 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **T** ☐ Delete
NAME **DISCO, RAYMOND**
STREET ADDRESS **11 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **VDT** ☐ Delete
NAME **FLYNN, ED**
STREET ADDRESS **11 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☐ Change ☒ Addition
NAME **James D. Allen**
STREET ADDRESS **11 Madison Avenue**
CITY-ST-ZIP **New York, NY 10010**

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

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

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

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 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 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

i.2

Date

Daytime Phone #

3/25/04