1. Entity Name

PAMI-FL14 Inc.



FILED

03 MAY -6 PH 1: 37

SECHCIARY OF STATE TAELAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		Mailing Address)			
745 Seventh Avenue		101 Hudson Street				
Suite, Apt. #, etc.		Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		39th Floor				
City & State		City & State		4. FEI Number	Applied For	
New York, NY		Jersey City, NJ		22-3635555 Not Applica		
Zip	Country	Zìp	Country	F. Cartificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required	
10019	US	07302	US	3. Certificate of Status Desired		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent The Prentice-Hall Corporation System

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

1201 Hays Street

^{City} Tallahassee

Zip Code 32301-2525

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. January 1 - May 1 Fee is \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

After May 1, Fee is \$550.00

Amended UBR is \$61.25

10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yon K. Cho 745 Seventh Avenue New York,NY 10019	NAME STREET ADDRESS* CITY-ST-ZIP.	990019302659 05/06/03-01030-007 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W Barry J. O'Brien 101 Hudson Street Jersey City, NJ 07302	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathryn M. Bopp Flynn 745 Seventh Avenue New York,NY 10019	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADORESS CITY - ST - ZIP	S Jennifer Marre 745 Seventh Avenue New York,NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph J. Flannery 745 Seventh Avenue New York,NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher S. McKenna 745 Seventh Avenue New York,NY 10019	TITLE NAME STREET ADDRESS GITY-ST-ZIP		

12. Thereby 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 60? Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

4/28/03

CR2E034B (12/02)