

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F98000003166
<b>1. Entity Name</b> PAMI-FL12 INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 745 Seventh Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 70 Hudson Street Suite, Apt. #, etc.
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<b>City &amp; State</b> New York, NY	<b>City &amp; State</b> Jersey City, NJ
<b>Zip</b> 10019	<b>Zip</b> 07302
<b>Country</b>	<b>Country</b>

**DO NOT WRITE IN THIS SPACE**

**FILED**  
04 MAY -5 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700036275217  
05/13/04--01075--006 \*\*3450.00  
DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 22-3635554	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> THE PRENTICE-HALL CORP SYSTEM	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
1201 Hays Street	
<b>City</b> Tallahassee	<b>Zip Code</b> FL 32301


**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** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>P</b>	<b>TITLE</b>	
<b>NAME</b>	YON K. CHO	<b>NAME</b>	
<b>STREET ADDRESS</b>	745 7th Ave	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	New York, NY 10019	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>V</b>	<b>TITLE</b>	
<b>NAME</b>	BARRY J. O'BRIEN	<b>NAME</b>	
<b>STREET ADDRESS</b>	70 HUDSON ST	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	JERSEY CITY, NJ 07302	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>TITLE</b>	
<b>NAME</b>	JENNIFER MARRE	<b>NAME</b>	
<b>STREET ADDRESS</b>	745 7th Ave.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	New York, NY 10019	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>AT</b>	<b>TITLE</b>	
<b>NAME</b>	KATHRYN M. BOPP FLYNN	<b>NAME</b>	
<b>STREET ADDRESS</b>	745 7TH AVE.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	NEW YORK, NY 10019	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>TITLE</b>	
<b>NAME</b>	JOSEPH J. FLANNERY	<b>NAME</b>	
<b>STREET ADDRESS</b>	745 7 TH AVE.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	NEW YORK, NY 10019	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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, for the reason 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 it were signed by the 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 to execute appears in Block 10 or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> 	<b>BARRY J. O'BRIEN</b>	<b>4/26/04</b>	<b>201-499-6664</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)