

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

**FILED**

04 JUN -1 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> F98000003167 <b>1. Entity Name</b> PAMI-FL1 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.			
<b>City &amp; State</b> New York, NY Zip: 10019    Country:		<b>City &amp; State</b> Jersey City, NJ Zip: 07302    Country:			
<b>4. FEI Number</b> 22-3635243				<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>				DO NOT WRITE IN THIS SPACE	
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>7. Name and Address of Current Registered Agent</b> Name: THE PRENTICE-HALL CORP SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee    FL    Zip Code: 32301					
<b>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.</b> <div style="text-align: right; font-weight: bold;">400037674034</div> <div style="text-align: right;">06/04/04--01061--001 **2000.00</div>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	YON K. CHO	NAME			
STREET ADDRESS	745 7th Ave	STREET ADDRESS			
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP			
TITLE	V	TITLE			
NAME	CHRISTOPHER S. MCKENNA	NAME	DO NOT WRITE IN THIS SPACE		
STREET ADDRESS	745 7TH AVE	STREET ADDRESS			
CITY - ST - ZIP	NEW YORK, NY 10019	CITY - ST - ZIP			
TITLE	S	TITLE			
NAME	BRIAN BARRY	NAME			
STREET ADDRESS	745 7th Ave	STREET ADDRESS	DO NOT WRITE IN THIS SPACE		
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP			
TITLE	D	TITLE			
NAME	YON K. CHO	NAME			
STREET ADDRESS	745 7TH AVE.	STREET ADDRESS			
CITY - ST - ZIP	NEW YORK, NY 10019	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE	VS	TITLE			
NAME	BARRY J. O'BRIEN	NAME			
STREET ADDRESS	70 Hudson St	STREET ADDRESS			
CITY - ST - ZIP	JC-NJ-0802	CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME	DO NOT WRITE IN THIS SPACE		
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE		
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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, and 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 and that my 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 this appears in Block 10 or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>		BARRY J. O'BRIEN		4/26/04    201-499-6664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)