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

DOCUMENT # F98000003167

1. Entity Name

PAMI-FL1 Inc.



FILED

.03 MAY -6 PM 1:39

SELINGIARY OF STATE TALLAHASSEE. FLORIDA

DO NOT WRITE IN THIS SPACE

| 2. Principal Place | of Business | 3. Mailing Address | |
|---------------------|-------------|---------------------|---------|
| 745 Seventh Avenue | | 101 Hudson Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| | | 39th Floor | |
| City & State | | City & State | |
| New York, NY | | Jersey City, NJ | |
| Zip | Country | Zip | Country |
| 10010 | l | | i ' |

DO NOT WRITE IN THIS SPACE

Applied For 22-3635243 Not Applicable

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

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)

4. FEI Number

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE

TITLE NAME Yon K. Cho NAME... STREET ADDRESS 745 Seventh Avenue STREET ADDRESS CITY-ST-ZIP New York, NY 10019 CITY-ST-ZIP TITLE TITLE NAME Barry J. O'Brien NAME STREET ADDRESS 101 Hudson Street STREET ADDRESS CITY-ST-7P Jersey City, NJ 07302 CITY-ST-ZIP Kathryn M. Bopp Flynn NAME .

TITLE NAME 745 Seventh Avenue STREET ADDRESS CITY-ST-ZIP New York, NY 10019

TITLE Jennifer Marre NAME STREET ADDRESS 745 Seventh Avenue New York, NY 10019 CITY-ST-7IP

TITLE Joseph J. Flannery NAME STREET ADDRESS 745 Seventh Avenue CITY-ST-ZiP New York, NY 10019

TITLE NAME

Christopher S. McKenna 745 Seventh Avenue STREET ADDRESS New York, NY 10019

70001830267 05/06/03--01090--nng

DO NOT WRITE

IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP,

CITY ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME -

NAME ...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

(201)524-5430

CR2E034B (12/02)