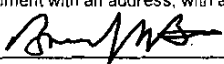


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F98000003169			
1. Entity Name PAMI-FL11 INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 745 Seventh Ave Suite, Apt. #, etc.		3. Mailing Address 70 Hudson Street Suite, Apt. #, etc.	
City & State New York, NY		City & State Jersey City, NJ	
Zip 10019	Country	Zip 07302	Country
4. FEI Number 22-3635245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name THE PRENTICE-HALL CORP SYSTEM	
		Street Address (P.O. Box Number is Not Acceptable)	
		1201 Hays Street	
City Tallahassee		FL	Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
P YON K. CHO 745 7th Ave New York, NY 10019			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
V BARRY J. O'BRIEN 70 HUDSON ST JERSEY CITY, NJ 07302			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
S JENNIFER MARRE 745 7th Ave. New York, NY 10019		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
AT KATHRYN M. BOPP FLYNN 745 7TH AVE. NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D JOSEPH J. FLANNERY 745 7 TH AVE. NEW YORK, NY 10019			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(b), Florida Statutes, if the entity that is the exemptor 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 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 I am empowered to execute this appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		BARRY J. O'BRIEN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	4/26/04 201-499-6664

TR

**FILED**  
04 MAY -5 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800036275208  
05/13/04--01075--006 \*\*3450.00

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CR2E034B (12/02)