

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

DOCUMENT # F98000003171
1. Entity Name PAMI-FL7 INC.

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 745 Seventh Ave Suite, Apt. #, etc.	3. Mailing Address 70 Hudson Street Suite, Apt. #, etc.
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City & State New York, NY	City & State Jersey City, NJ
Zip 10019	Zip 07302
Country	Country

DO NOT WRITE IN THIS SPACE	
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FILED
04 JUN -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300036275093
05/13/04--01075--006 **3450.00

DO NOT WRITE IN THIS SPACE	
4. FEI Number 22-3635562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

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
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10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
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	
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	
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	
TITLE	D	TITLE	
NAME	JOSEPH J. FLANNERY	NAME	
STREET ADDRESS	745 7 TH AVE.	STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10019	CITY - ST - ZIP	
TITLE	JS	TITLE	
NAME	BARRY J. O'BRIEN	NAME	
STREET ADDRESS	10 mason	STREET ADDRESS	
CITY - ST - ZIP	N.J. 07302	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)(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.

SIGNATURE:	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)