

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

05 MAY -2 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3635559 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
STE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHO, YON K	
STREET ADDRESS	745 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VS	<input type="checkbox"/> Delete
NAME	O'BRIEN, BARRY J	
STREET ADDRESS	70 HUDSON ST	
CITY-ST-ZIP	JERSEY CITY, NJ 07302	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCKENNA, CHRISTOPHER S	
STREET ADDRESS	745 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLANNERY, JOSEPH J	
STREET ADDRESS	745 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

0419105 (201)499-6664

Date

Daytime Phone #