

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

FILED
04 MAY -5 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200036275182
05/13/04--01075--006 **3450.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003174
1. Entity Name PAMI-FL9 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

4. FEI Number 22-3635563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.
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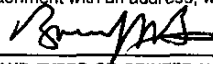
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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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	NAME YON K. CHO	TITLE	NAME
STREET ADDRESS 745 7th Ave	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP New York, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE V	NAME BARRY J. O'BRIEN	TITLE	NAME
STREET ADDRESS 70 HUDSON ST	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP JERSEY CITY, NJ 07302	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE S	NAME JENNIFER MARRE	TITLE	NAME
STREET ADDRESS 745 7th Ave.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP New York, NY 10019	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE AT	NAME KATHRYN M. BOPP FLYNN	TITLE	NAME
STREET ADDRESS 745 7TH AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP NEW YORK, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE D	NAME JOSEPH J. FLANNERY	TITLE	NAME
STREET ADDRESS 745 7 TH AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP NEW YORK, NY 10019	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	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)(l), Florida Statutes; I further certify that the or 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 to execute this 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: 4/26/04 Daytime Phone: 201-499-6664			

CR2E034B (12/02)