

**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

**DOCUMENT #** F98000003174  
1. Entity Name  
PAMI-FL9 INC.

**DO NOT WRITE IN THIS SPACE**

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  
22-3635563

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	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		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)(l), 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 does not appear 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 Daytime Phone # 201-499-6664

CR2E034B (12/02)

*h*