

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

DOCUMENT # F98000003175 1. Entity Name PAMI-FL3 INC.
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FILED
04 MAY -5 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800036275048
05/13/04--01075--006 **3450.00

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.
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City & State New York, NY Zip 10019	Country	City & State Jersey City, NJ Zip 07302	Country
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4. FEI Number 22-3635558	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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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name THE PRENTICE-HALL CORP SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
City Tallahassee	Zip Code FL 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 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	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 STREET ADDRESS 745 7th Ave CITY - ST - ZIP New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE V NAME BARRY J. O'BRIEN STREET ADDRESS 70 HUDSON ST CITY - ST - ZIP JERSEY CITY, NJ 07302	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE S NAME JENNIFER MARRE STREET ADDRESS 745 7th Ave. CITY - ST - ZIP New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE AT NAME KATHRYN M. BOPP FLYNN STREET ADDRESS 745 7TH AVE. CITY - ST - ZIP NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE D NAME JOSEPH J. FLANNERY STREET ADDRESS 745 7 TH AVE. CITY - ST - ZIP 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
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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 or the name of the person appearing 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
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

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