

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

<b>DOCUMENT #</b> F98000003176
<b>1. Entity Name</b> PAMI-FL2 INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 745 Seventh Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 70 Hudson Street Suite, Apt. #, etc.
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<b>City &amp; State</b> New York, NY	<b>City &amp; State</b> Jersey City, NJ
<b>Zip</b> 10019	<b>Zip</b> 07302

**FILED**  
04 JUN -1 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900036274959  
05/13/04--01075--006 \*\*3450.00

**DO NOT WRITE IN THIS SPACE**

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<b>4. FEI Number</b> 22-3635556	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> THE PRENTICE-HALL CORP SYSTEM INC.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street	
<b>City</b> Tallahassee	<b>FL</b> <b>Zip Code</b> 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** \_\_\_\_\_

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	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P YON K. CHO 745 7th Ave New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPHER S. MCKENNA 745 7TH AVE NEW YORK, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S <del>BRIAN BARRY</del> 745 7th Ave. New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D YON K. CHO 745 7TH AVE. NEW YORK, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V BARRY J. O'BRIEN 70 Hudson St JC. NJ 07302	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>	<b>BARRY J. O'BRIEN</b>	<b>4/26/04</b>	<b>201-499-6664</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)