DOCU 1. Entity Nam	MENT # F980000		RT	(UBR)		Ja	F in 31, Secreta 01-31-2001		1 8:0 of St		
Principal Place of Business ATTN: ROY PRAVER 1250 BROADWAY - 24TH FLOOR NEW YORK NY 10001		Mailing Address ATTN: ROY PRAVER 1250 BROADWAY - 24TH FLOOR NEW YORK NY 10001									
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. FE	El Number	13-386356	8		plied For of Applicable	
Zip	Country	Zip	Cour	ntry	<b>5.</b> C	ertificate of	Status Desired		\$8.75 Add Fee Require	litional	
·····	6. Name and Address of Current Re	egistered Agent		Name	7N	ame'and'Ad	idress of New R	egistered	l'Agent		
3953 WW KELLEY ROAD					ess (P.O. Box Number is Not Acceptable)						
TALL	AHASSEE FL 32311			City				F	L Zip Cod	e	
SIGNATURE _ 9. This corpo Tax filing r (See criter	Ite if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stal				10. Election	on Campaign Fir Fund Contributio	-	\$5.0	<b>O</b> May Be I to Fees		
11.	ia on back)  OFFICERS AND D		12.	-		DITIONS/CH	ANGES TO OFF	ICERS AN		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PRAVER, ROY 1250 BROADWAY - 24TH FLOOR NEW YORK NY, 10001	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YASSKY, MARC 1250 BROADWAY - 24TH FLOOR NEW YORK NY 10001	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS KONSKY, JAMES 1250 BROADWAY - 24TH FLOOR NEW YORK NY 10001	Delete							🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FISCH, BONNIE P 1250 BROADWAY - 24TH FLOOR NEW YORK NY 10001	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ~~=	V SPERANZA, JOSEPH 1250 BROADWAY - 24TH FLOOR *NEW YORK:NY-10001	Delete		.					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							Change	Addition	
indicated	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, with	rue and accurate and that r	ny signa as requi	ture shall have th	e same le	egal effect a	s if made under	oath; that	I am an officer	or director	
SIGNAT	URE:	NTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone #		