

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

DOCUMENT # F98000006929		1. Entity Name	
PAMI RENAR GOLF INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
745 Seventh Ave		70 Hudson Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
New York, NY		Jersey City, NJ	
Zip	Country	Zip	Country
10019		07302	
DO NOT WRITE IN THIS SPACE		4. FEI Number	
		13-4034917	
		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 INC.	
		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		800036274960	
Signature, typed or printed name of registered agent and title if applicable.		05/13/04--01075--008 **3450.00	
(NOTE: Registered Agent signature required when reinstating)		DATE	
January 1 - May 1 Fee is \$150.00		9. Election Campaign Financing	
After May 1, Fee is \$550.00		Trust Fund Contribution.	
Amended UBR is \$61.25			
Make Check Payable to Florida Department of State		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
P			
KAREN E. BLAKELY			
745 7th Ave			
New York, NY 10019			
V			
BARRY J. O'BRIEN			
70 HUDSON ST			
JERSEY CITY, NJ 07302			
S			
JENNIFER MARRE			
745 7th Ave.			
New York, NY 10019			
D			
JOSEPH J. FLANNERY			
745 7TH AVE.			
NEW YORK, NY 10019			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f) 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 807, Florida Statutes; and that my name appears 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		4/26/04 201-499-6664	
		Date	

04 MAY -5 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)