FOR PROFIT CORPORATION

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DOCUMI	- 2							
1. Entity Name		Ì						
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PAMI-FL8 INC.					Oly JUN - 1 111 -			
						AFROFTARY	TUT STAIL	
	IN THIS SPA	ACE		SECRETARY UP STATE SECRETARY UP STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA 500036275155 05/13/0401075006 **3450.00			•	
					E00036275	155		
				โก	5713/0401075006	**3450.00	}	
Principal Place of Business 3. Mailing Address			ss					
745 Seventh Ave		70 Hudson Street Suite Apt. #, etc.			-	DO NOT WRITE IN THIS SI	PACE	Th
Suite, Apt. #, etc.		Sand, 7 po 11, 1111						 _
City & State		City & State			4. FEI Number Applied For Not Applied be			
New York, NY		Jersey City, NJ		<u> </u>	\$8.75 Additional			7
Zip	Country	07302	000	•	1		Fee Required	
10019	DO NOT WRITE IN T				7. Name a	and Address of Current Registered	d Agent	
				Name CORPORAT	TON S	ERVICE COMPANY		
7				Street Address	(P.O. Box	(Number is Not Acceptable)		
			414					_
				1201 Hays Street				
		Mar - 41 m	1 0 1	City Tallah <u>as</u>		FL	32301	
0.71	samed entity submits this statem	ent for the nurpose of	f changing its re	gistered office or	registered	agent, or both, in the State of Florid	ia. I am familiar with	i,
and accept	the obligations of registered ager	nt.				,		ì
		• .				;` .	• •	
SIGNATURE		in a second sister if	englicable	(NOTE: Registered	Agent signa	ture required when reinstating)	DATE	- [". ; ; ;
	Signature, typed or printed name of regulary 1 - May 1 Fee Is \$150.00	Distered agent and title ii	аррисаце.	(140 12, registrors			STATE OF ME	
	After May 1, Fee is \$550.00			·	j '	Election Campaign Financing Trust Fund Contribution.	→ SS.00 May Added to Fe	
	Amended UBR is \$61.25 Payable to Florida Department		,		i	Trust Fund Conditionals		:
10.	OFFICERS AND		4.3	1777 - 41 74.	*#*.7 v. /			≟୍ରାଚିତ
TITLE	P		171.0	Œ,			en de la la la companya de la compa Na la companya de la	CRZE034B (12/02)
NAME	YON 'K. CHO			ME REET ADDRESS				48
STREET ADDRESS	745 7th Ave			Y - ST - ZIP				
CITY - ST - ZIP	New York, NY 10019		7.75%	rLex				- 24 E
TITLE	CHRISTOPHER S. MCKENNA		, Ne	WÉ				
STREET ADDRESS	1		ST					i tapia i i
CITY - ST - ZIP	ry-st-zip NEW YORK, NY 10019		37	CIT ST-ZP				
TITLE	S			TLE .				a cut
NAME STREET ADDRESS	RESS 745 7th Ave		77.'w'	TREET ADDRESS				
CITY - ST - ZIP	New York, NY 100	19	O	ITY÷ST→ŽIP	84 / D	O NOT WRITE IN THE	SSPACE	
TITLE	D			TLE .				
NAME	YON K CHO.			AME TOCCT ANDOCCO				
STREET ADDRESS	745 7TH AVE.		1,500	TREET ADDRESS				
CITY - ST - ZIP	NEW YORK, NY 10019			ITLE				
TITLE NAME	JOSEPH J. FLANNERY			PME				
STREET ADDRESS	745 7 TH AVE.			TREET ADDRESS	**************************************		THE STATE OF STATE	
CITY - ST - ZIP	NEW YORK ,NY 10019			CITY - ST - ZIP				1914
TITLE	BREN JOBEIEN			NTLE VAME				
NAME STREET ADDRESS TO HUCKSON ST			1	STREET ADORESS				
CITY - ST - ZIP	35	CITY - ST - ZIP			THE FORM AND	Albert Ci		
12. I hereby	certify that the information supplie	ed with this filing does	s not qualify for	the exemption sta	ated in Sec	ction:119:07(3)(i)::Florida:Statutessil	ifurthericertify that the	le transcription
information indicated on this report or supplemental report is true and accurate and that my signature shall have the same negar effect as fitting decreased information indicated on this report or supplemental report is true and accurate and that my signature shall have the same negar effect as fitting decreased in 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.								
SIGNATURE: BARRY J. O'BRIEN 4/26/04 201-499-6664 BARRY J. O'BRIEN 4/26/04 201-499-6664								
SIGNAT	SIGNATURE AND TYPE	ED OR PRINTED NAM	E OF SIGNING	OFFICER OR DIRE	CTOR	Date "RETT" PIDA	iýtíme Phone # 一种	BACTER SEE OBS

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