

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

**DOCUMENT #** F91000000341  
 1. Entity Name  
 PAMI-FL8 INC.

**FILED**  
 04 JUN -1 PM 2:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 500036275155  
 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.	
City & State New York, NY		City & State Jersey City, NJ	
Zip 10019	Country	Zip 07302	Country

4. FEI Number 223635573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY - ST - ZIP	P YON K. CHO 745 7th Ave New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPHER S. MCKENNA 745 7TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <del>BRIAN BARRY</del> <del>745 7th Ave</del> <del>New York, NY 10019</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YON K CHO. 745 7TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH J. FLANNERY 745 7 TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARRY J O'BRIEN 70 Hudson St JC. NJ 07302	TITLE 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.

**SIGNATURE:**  **BARRY J. O'BRIEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/04 201-499-6664  
 Daytime Phone #

CR2E034B (12/02)