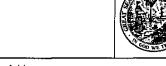
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

THE DNE GROUP, LTD., INC.



Mar 31, 2003 8:00 am 8 Secretary of State **FILED** 

03-31-2003 90235 013 \*\*\*150.00

			WE THE			
Principal Place of Business 222 WEST 37TH ST. NEW YORK NY 10018		Mailing Address 222 WEST 37TH ST. NEW YORK NY 10018				
; 						
2. Principal	Place of Business	3. Mailing Address			BIN BBIDI NIBN BIBN NIBN 1881	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAR	KING CHANGES	
City & State		City & State		4. FEI Number 52-1811227	Applied For	
				32-10-11227	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent		
	LIVÁLI APRIMOP AGAINTI		Name	Name		
CORPORATION SERVICE COMPANY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET						
IALLAHA	SSEE FL 32301-2525					
			City		Zip Code	
8 The above	e named entity submits this statemen	at for the ournose of changing its r	enistered office or regis	stered agent, or both, in the State of Florida.	am familiar with, and accept	
	ations of registered agent.		- 9 9 -			
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DA	πE	
1	ILE NOW!!! FEE		****	A Floring Compaign Financian	05.00	
After May 1 - 2000 and the Will of Section (				<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
	6-12/8				···-	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	GOLIAS, MARIA	☐ Delete	TITLE NAME		☐ Change ☐ Addition ☐	
STREET ADDRESS	222 WEST 37TH ST.		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10018		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	GOLIAS, PAUL		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10018		CITY-ST-ZIP			
TITLE	,	Delete	TITLE	± ±	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE	***	☐ Change ☐ Addition	
NAME		La colote	NAME			
STREET ADDRESS	<b>\$</b>		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition