

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

**FILED**

04 JUN -1 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> F99000006639
<b>1. Entity Name</b> PAMI-FL LEMB I INC.

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>2. Principal Place of Business</b> 745 Seventh Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 70 Hudson Street Suite, Apt. #, etc.
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<b>City &amp; State</b> New York, NY	<b>City &amp; State</b> Jersey City, NJ
<b>Zip</b> 10019	<b>Zip</b> 07302

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 13-4088895	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> CORPORATION SERVICE COMPANY	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
1201 Hays Street	
<b>City</b> Tallahassee	<b>FL</b> <b>Zip Code</b> 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.**

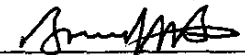
**SIGNATURE** \_\_\_\_\_ **300037674043**  
06/04/04--01061--001 \*\*2000 00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P YON K. CHO 745 7th Ave New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPHER S. MCKENNA 745 7TH AVE. NEW YORK, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S BRIAN BARRY 745 7th Ave. New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTOPHER S. MCKENNA 745 7TH AVE. NEW YORK, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VS BARRY J. O'BRIEN 70 Hudson JC. N.J. 07302	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> 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; 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 not 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 does not appear 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

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