Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NC         City & State       City & State       4. FEI Number       57-086         Zip       Country       Zip       Country       5. Certificate of Status De         6. Name and Address of Current Registered Agent       7. Name and Address of Status De       Name         MOSLEY, CURTIS R.       1221 E. NEW HAVEN AVE       Name       Street Address (P.O. Box Number is Not According to the propose of changing its registered agent, or both, in the Status De         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Status De       City         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Status De       Street Address (P.O. Box Number is Not According to the purpose of changing its registered agent, or both, in the Status De         VIGNATURE       Street Address of Diffect or registered agent, or both, in the Status De         Street Address (P.O. Box Number is Not According to the purpose of changing its registered agent, or both, in the Status De         Street address of obs.       Street Market to the purpose of changing its registered agent or prove the provement and elects to do so.         Street address of obs.       Street MAY 1, 2000 Fee will be \$550.00 Market Check Payable to Department of State         11.       OFFICERS AND DIFECTORS       12.         12.       ADDITIONS/CHANGES TOM	sired  State
22 STH AVE ETH FL       302 STH AVE ETH FL         EW YORK NY 10001       NEW YORK NY 10001-3604         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         City & State       5. Certificate of Status Do NC         City & State       6. Name and Address of Current Registered Agent       7. Name and Address of Status De         6. Name and Address of Current Registered Agent       7. Name and Address of Status De       Street Address (PO. Box Number is Not According to the Purpose of changing its registered office or registered agent, or both, in the Status De         MOSLEY, CURTIS R.       Street Address (PO. Box Number is Not According to the Purpose of changing its registered office or registered agent, or both, in the Status De         Street Address (PO. Box Number is Not According the purpose of changing its registered office or registered agent, or both, in the Status De         Street Address (PO. Box Number is Not According the purpose of changing its registered office or registered agent, or both, in the Status De         Street Address (PO. Box Number is Not According to the purpose of changing its registered office or registered agent, or both, in the Status De         Street Address (PO. Box Number is Not According to the purpose of changing its registered office or registered agent, or both, in the Status De         Street Address (PO. Box Number is Not According to the purpose of changing its registered office or registered agent, o	T WRITE IN THIS SPACE
Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NC         City & State       City & State       4. FEI Number       57-086         Zip       Country       Zip       Country       5. Certificate of Status De         6. Name and Address of Current Registered Agent       7. Name and Address of Name Address (P.O. Box Number is Not Accord address of print Address of Provide Address and Name and Address of Name and Address of Name Address (P.O. Box Number is Not Accord	T WRITE IN THIS SPACE
City & State       City & State       4. FE! Number       57-086         Zip       Country       Zip       Country       5. Certificate of Status De         6. Name and Address of Current Registered Agent       7. Name and Address of       Name         MOSLEY, CURTIS R.       Street Address (P.O. Box Number is Not Accountry)       Street Address (P.O. Box Number is Not Accountry)         3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State Street Address (P.O. Box Number is Not Accountry)         3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State Street Address (P.O. Box Number is Not Accountry)         3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State Street Address (P.O. Box Number is Not Accountry)         3. The above named address of purpose of purpose of changing its registered office or registered agent, or both, in the State Street Address (P.O. Box Number is Not Accountry)         3. The above named address of purpose of purpose of purpose of changing its registered office or registered agent, or both, in the State Street Address (P.O. Box Number is Not Accountry)         3. The above named entity its intangible fax filling requirement and elects to do so.       (NOTE Registered Agent signature required when reinstating)         9. This corporation is eligible to satisfy its intangible fax filling requirement and elects to do so. <td< td=""><td>0227       Applied For         .       Not Applicable         sired       \$8.75 Additional         Fee Required       Fee Required         New Registered Agent       Image: Signal State State</td></td<>	0227       Applied For         .       Not Applicable         sired       \$8.75 Additional         Fee Required       Fee Required         New Registered Agent       Image: Signal State
Zip     Country     Zip     Country     5. Certificate of Status De       6. Name and Address of Current Registered Agent     7. Name and Address of       MOSLEY, CURTIS R.     1221 E. NEW HAVEN AVE       MELBOURNE FL 32901     Street Address (P.O. Box Number is Not Accountry)       3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State to the properties of the purpose of changing its registered office or registered agent, or both, in the State to	0227     Not Applicable       sired     \$8.75 Additional       Fee Required       New Registered Agent   Intable       Image: specific product of Florida.   OATE       Not Applicable
Zip       Country       Zip       Country       5. Certificate of Status De         6. Name and Address of Current Registered Agent       7. Name and Address of Name       Name         MOSLEY, CURTIS R.       Street Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is Not Acceled agent, or both, in the State Address (P.O. Box Number is	sired  State
MOSLEY, CURTIS R.       Street Address (P.O. Box Number is Not Accident action and the purpose of changing its registered office or registered agent, or both, in the State action and the state action and the state action action and the state action actid action action action action actid action ac	New Registered Agent Inptable) FL Zip Code e of Florida. 4/10/03 DATE
MOSLEY, CURTIS R.       1221 E. NEW HAVEN AVE         MELBOURNE FL 32901       Street Address (P.O. Box Number is Not Account of the purpose of changing its registered office or registered agent, or both, in the State of the purpose of changing its registered office or registered agent, or both, in the State of the purpose of changing its registered agent signature required when reinstating)         3. The above named entry/submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the purpose of changing its registered Agent signature required when reinstating)         3. The above named entry/submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the purpose of changing its registered Agent signature required when reinstating)         9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TITLE NAME         ITTLE       D       BOBROW, IRVING S.         Signetr ADDRESS       Signetr ADDRESS       Citry - St-ZiP         ITTLE       DP       Delete       TITLE         NAME       Signetr ADDRESS       Signetr ADDRESS         Signetr ADDRESS       Signetr ADDRESS       Signetre ADDRESS         Signetr ADDRESS       Signetre ADDRESS       Signetre ADDRESS      <	FL Zip Code e of Florida. 4/10/03 DATE
1221 E. NEW HAVEN AVE MELBOURNE FL 32901         City         City         City         IGNATURE       Image: City is present and interment for the purpose of changing its registered agent, or both, in the State is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent and title if applicable.         IGNATURE       Image: City is present agent agent agent agent and title if applicable.         Image: City is present and present agent and title if applicable.       Image: City is present agent ag	FL Zip Code e of Florida. 4/10/03 DATE
City  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State  3. This corporation is eligible to satisfy its intangible  7. This corporation is elig	e of Florida. 4/10/05 DATE
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stat     Signature, byped or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)  10. Election Campa Trust Fund Con Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES T  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES T  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campa Trust Fund Con  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES T  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. Delete  11. OFFICERS AND DIRECTORS  10. Election Campa Trust Fund Con  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES T  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campa Trust Fund Con  17. OFFICERS AND DIRECTORS  18. OFFICERS OFFICERS  19. OFFICERS OFFICERS  19. OFFICERS  10. Election Campa Trust Fund Con  10. Election Campa Trust Fund Con  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES  13. OFFICERS AND DIRECTORS  14. OFFICERS  15. OFFICERS	e of Florida. 4/10/03 DATE
SIGNATURE       Image: Appendix or printegname of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW !!! FEE IS \$150.00       10. Election Campa Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES Trust Fund Con         11.       OFFICERS AND DIRECTORS       11.       CITY-ST-ZIP         11.       Delete       Trust Fund Con       NAME         302 STH AVE       STREET	4/10/03 DATE
D       Delete       TITLE       D       Delete       TITLE         ITREET ADDRESS       302 5TH AVE       NAME       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       TITLE         ITLE       DP       Delete       Delete       TITLE         ITLE       DP       Delete       TITLE         ITLE       DP       Delete       TITLE         ITAME       HALPER, NORMAN A.       STREET ADDRESS       STREET ADDRESS         STITY-ST-ZIP       NEW YORK NY       CITY-ST-ZIP       TITLE	+,,
D     Delete     TITLE       BOBROW, IRVING S.     Delete     TITLE       STREET ADDRESS     302 5TH AVE     STREET ADDRESS       CITY-ST-ZIP     NEW YORK NY     CITY-ST-ZIP       TITLE     DP     Delete       TITLE     DP     Delete       STREET ADDRESS     302 FIFTH AVENUE       STREET ADDRESS     302 FIFTH AVENUE       STREET ADDRESS     CITY-ST-ZIP	
DP     Delete     TITLE       IAME     HALPER, NORMAN A.     NAME       STREET ADDRESS     302 FIFTH AVENUE     STREET ADDRESS       ITY-ST-ZIP     NEW YORK NY     CITY-ST-ZIP	Change Addition
	Change Addition
ITTLE DV Delete TITLE AAME BERGMAN, HARRY NAME TREET ADDRESS 3902 FIFTH AVE STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP	Change Addition
COBD     Delete     TITLE       VAME     JONATHAN ROSEN     NAME       STREET ADDRESS     302 5TH AVE     STREET ADDRESS       DUTY-ST-ZIP     NEW YORK N     CITY-ST-ZIP	Change Addition
VPD     Delete     TITLE       NAME     NIMKOFF, ROBERT L     NAME       STREET ADDRESS     302 FIFTH AVENUE     STREET ADDRESS       CITY-ST-ZIP     NEW YORK NY     CITY-ST-ZIP	Change Addition
D     Delete     TITLE       NAME     SILVERMAN, WILLIAM M.     NAME       STREET ADDRESS     302 5TH AVE     STREET ADDRESS       DITY-ST-ZIP     NEW YORK NY     CITY-ST-ZIP	Change Addition