8/11/200

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000011406** ✓

1. Entity Name

E & W INVESTMENT, LLC

Principal Place of Business	Mailing Address
1350 AVENUE OF THE AMERICAS, SUITE 1910 NEW YORK NY 10019	1350 AVENUE OF THE AMERICAS, SUITE 1910 NEW YORK NY 10019

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-1124970 — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGLEY, MARCIA H ESQ. 2255 GLADES ROAD SUITE 419A BOCA RATON FL 33431	Name — Street Address (P.O. Box Number is Not Acceptable) City ____ FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE Managing Member	☐ Delete	TITLE	☐ Change	☐ Addition
NAME Joel A. Mael		NAME		
STREET ADDRESS 1350 Ave of the Americas		STREET ADDRESS		
CITY-ST-ZIP New York, NY 10019		CITY-ST-ZIP		
TITLE Managing Member	☐ Delete	TITLE	☐ Change	☐ Addition
NAME Richard S. Frary		NAME		
STREET ADDRESS 1350 Ave of the Americas		STREET ADDRESS		
CITY-ST-ZIP New York, NY 10019		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Joel A. Mael_ Joel A. Mael 8/1/02 212-399-1795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #