

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90116 032 \*\*\*\*50.00

**DOCUMENT #** M01000002682

1. Entity Name

PAMI LLC

Principal Place of Business  
 745 7th Avenue  
 New York, NY 10019

Mailing Address  
 101 Hudson Street  
 39th Fl.  
 Jersey City, NJ 07302

873617

2. Principal Place of Business  
 745 7th Avenue  
 Suite, Apt. #, etc.

3. Mailing Address  
 101 Hudson Street  
 Suite, Apt. #, etc.  
 39th Fl.

DO NOT WRITE IN THIS SPACE

City & State  
 New York, NY

City & State  
 Jersey City, NJ

4. FEI Number  
 52-2231923

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country  
 10019 US 07302 US

6. Name and Address of Current Registered Agent  
 Corporation Service Company  
 1201 Hays Street  
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent  
 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.

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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Marguerite M. Brogan 745 7th Avenue New York, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Yon K. Cho 745 7th Avenue New York, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Joseph J. Flannery 745 7th Avenue New York, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Christopher S. McKenna 745 7th Avenue New York, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Aaron J. Guth Aaron J. Guth, Authorized Signatory 9/23/02. (201) 524-5430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Attachment*  
**LEHMAN BROTHERS**

September 23, 2002

873617

State of Florida  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

**CORPORATION NAME**  
**PAMI LLC**

**DOCUMENT**  
**M010000026821**

**FEE DUE**  
**50.00**

Dear Sir/Madam:

Return: Uniform Business Report

Period: 2002

Total Fee Due: \$50.00

Check Enclosed: Yes (X) No ( )

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours

*Aaron J. Guth*

Aaron J. Guth  
Authorized Signatory

AJG/vp  
Enclosures