

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90129 004 \*\*\*\*50.00

DOCUMENT # M02000001290

1. Entity Name  
MBSC, LLC



Principal Place of Business  
200 PARK AVE.  
NEW YORK, NY 10166

Mailing Address  
200 PARK AVE.  
NEW YORK, NY 10166

24036247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

25-1800439

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P  
NAME DAVID, JOHN  
STREET ADDRESS 200 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY 10166 ☒ Delete

TITLE President  
NAME J. David Officer  
STREET ADDRESS 200 Park Avenue  
CITY-ST-ZIP NY NY 10166 ☒ Change ☐ Addition

TITLE CP  
NAME MARESCA, WILLIAM H  
STREET ADDRESS 200 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C  
NAME STOREN, STEVEN  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C  
NAME BRADLE, KEN  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT  
NAME SCHACHAR, THEODORE A  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 *Theodore A. Schachar*

Theodore A. Schachar VP/Tax 212-922-7550 3/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #