File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FIELD STORT MARY OF STATE DIV. IT. C. CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS ST 1111 - 9 /1110: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000993** 1a. Principal Place of Business Address MDF ASSOCIATES, LLC % MICHAEL FREUNDLICH % MICHAEL FREUNDLICH 415 MADISON AVENUE 415 MADISON AVENUE NEW YORK NY 10017 NEW YORK NY 10017 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/09/1998 NY Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 13-3992086 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζip Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET, SUITE #2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite Apt #, etc. Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE ..... (Registered Agent Accepting Appointment): (NOTE: Registered Agent signature required when recistating) 10. Title Managing Members/Managers Business Street Address City. State and Zip Code MGR FREUNDLICH, MICHAEL 415 MADISON AVENUE NEW YORK NY 500002800915---2 -03/10/33--01062--014 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido 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 annual 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, and that my name appears in Block 10, or on an

SIGNATURE AND TYPE LOB PRINTELLNAME OF SIGNENG MANAGING MEMBER OR MANAGER.

Licenteries Photos: #

attachment with an address.

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SIGNATURE: Multice