

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 NOV -9 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

DOCUMENT # M98000000993

1. Entity Name
MDF ASSOCIATES, LLC

Principal Place of Business % MICHAEL FREUNDLICH 415 MADISON AVENUE NEW YORK NY 10017	Mailing Address % MICHAEL FREUNDLICH 415 MADISON AVENUE NEW YORK NY 10017-1111
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2. Principal Place of Business 344 PLAZA REAL Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State
Zip 33432	Country Palm Beach

4. FEI Number 13-3992086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE #2
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]* **Asst Sec** *Kaitleen J. Hill* **11/20/00**
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/MEMBERS

TITLE MGR	NAME FREUNDLICH, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 415 MADISON AVENUE		
CITY-ST-ZIP NEW YORK NY 10017		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
	500003488235--2	
	-12/05/00--01105--021	
	***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

[Signature] **11-21-00**

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: *[Signature]* **SIGNATURE REQUIRED** **10/30/00** **561-393-6275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)