200	2001 UNIFORM BUŞINESS REPORT (UBR)													
DOCUMENT # M9800001171 1. Entity Name														
USANI SUB LLC								F	ILED					
Principal Place of Business Mailing Address								01 OCT -5 PM 12: 17						
152 57TH STREET				Mailing Address 152 57TH STREET						•				
NEW YORK NY 10019				NEW YORK NY 10019				SECRET ALLAH/	ARY OF STATE \SSEE, FLORID	A				
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SPACE				
City & State				City & State				Number	59-3490972		Applied Not Appl]	
Zip				ip	Coun	try	5. Cei		tatus Desired	Fee Req	Additional uired			
6. Name and Address of Current Registered Agent Name							7Nan	e and Add	iress of New Regist	ered Agent		•		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Address (P.O. Box Number is Not Acceptable)								
				City						FL Zip (Code		-	
8. The above	named entity	submits this statement for	or the pu	rpose of changing its	registere	ed office or r	egistered agent,	or both, in	the State of Florida.				1	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if	applicable. (NOT)	E: Registere	d Agent signature	required when reinsta	lina\	· · · · · · · · · · · · · · · · · · ·	DATE		-		
				<u> </u>		FEE IS \$5		<u> </u>					-	
				Make Check Payable to Department of Due By September 26, 2001				f State 200046287528						
9. MANAGING MEMBE				S/MANAGERS 10.				1	ADDITIONS/CHAP			~	1 :	
TITLE NAME	MGR USANI LLC								☐ Chan	nge 🔲 Addition	CR2E083 (5/01)			
STREET ADDRESS CITY-ST-ZIP	ADDRESS 152 WEST 57TH STREET					ET ADDRESS ST-ZIP								
TITLE	E			☐ Delete			C			Chang	je 🗌 A	ddition	S	
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TITLE				Déleté -		- HITLE				Chang	je NA	ddition		
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STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP								
TITLE	÷			☐ Delete	TITLE					☐ Chang	je □ Ar	ddition		
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NAME STREET ADDRESS					NAME									
CITY-ST-ZIP						T ADDRESS ST-ZIP								
mulcated	OH HIIS REDUIL	information supplied with is true and accurate and y or the receiver or trustee	mar mv	Signature shall have t	ne came	lengi ettent	ac it mada unda	r aathi that	I am a magazina m	or certify that the ember or mana	a informati	ion		

OR AUTHORIZED REPRESENTATIVE Date SIGNATURE: