

APPROVED  
AND  
FILED

00 JUL 20 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000909

1. Entity Name  
PALM PICTURES, L.L.C.

Principal Place of Business  
4 COLUMBUS CIRCLE, 5TH FLOOR  
NEW YORK NY 10019

Mailing Address  
4 COLUMBUS CIRCLE, 5TH FLOOR  
NEW YORK NY 10019-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
95-4248437

Applied For  
Not Applicable

5. Certificate of Status Desired

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
NATIONAL CORPORATE RESEARCH, LTD., INC.  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make check Payable to Department of State

07/25/00 01082-011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
MESTEL, LAWRENCE S  
4 COLUMBUS CIRCLE  
NEW YORK NY 10019

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
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CITY- ST- ZIP

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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: [Signature] SIGNATURE REQUIRED

1/20/00

Daytime Phone #