

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90168 048 ****50.00

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**

2. Principal Place of Business

**601 WEST 26th ST
 Suite, Apt. #, etc.
 11th Fl**

3. Mailing Address

**601 WEST 26th ST
 Suite, Apt. #, etc.
 11th Fl**

City & State

NEW YORK

City & State

NEW YORK

Zip

NY

Country

10001

Zip

NY

Country

10001

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)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **SELTZER, MICHAEL**
 STREET ADDRESS **4 COLUMBUS CIRCLE 5TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **SELTZER, MICHAEL**
 STREET ADDRESS **601 WEST 26th ST #11th Fl**
 CITY-ST-ZIP **NEW YORK, NY 10001**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **BERL, DAVID**
 STREET ADDRESS **601 WEST 26th ST 11th Fl**
 CITY-ST-ZIP **NEW YORK, NY 10001**

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

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

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 REQUIRED

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

1/22/02

Date

Daytime Phone #

CR2E083 (9/01)