


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90479 001 *1,350.00

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| | | | | | |
|---|----------------------------|--|--|---|-----------------------------------|
| DOCUMENT # P04858 | | | |  | |
| 1. Entity Name PB-SB INVESTMENTS INC | | | | | |
| Principal Place of Business 288 GREENWICH ST NEW YORK, NY 10013 US | | | Mailing Address 288 GREENWICH ST NEW YORK, NY 10013 US | | |
| 2. Principal Place of Business <i>388 Greenwich St.</i> | | 3. Mailing Address <i>388 Greenwich St</i> | | 04222004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 4. FEI Number 13-3138080 | |
| Applied For | | Not Applicable | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KLEINMAN, MARK | | NAME | | |
| STREET ADDRESS | 388 GREENWICH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10013 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GIUNTA, JOSEPH | | NAME | | |
| STREET ADDRESS | 388 GREENWICH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10048 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ENGEL, MARCY | | NAME | | |
| STREET ADDRESS | 250 WEST ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10013 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARTINELLI, JOSEPH | | NAME | | |
| STREET ADDRESS | 388 GREENWICH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10013 | | CITY-ST-ZIP | | |
| TITLE | AT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ANZEL, KEITH | | NAME | | |
| STREET ADDRESS | 388 GREENWICH ST., 22ND FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10013 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Keith Anzel</i> | | SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <i>4/29/04</i> | |