

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 008 ***150.00

DOCUMENT #
1. Entity Name **P19042**
AMMIRATI PURIS LINTAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Dag Hammarskjold Plaza		3. Mailing Address 136 Madison Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York		City & State New York, NY	
Zip 10017	Country USA	Zip 10016	Country USA

4. FEI Number
13-2837056

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City **Tallahassee** FL Zip Code **32301**

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 _____ (NOTE: Registered Agent signature required when renouncing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP Lubrano, Vincent One Dag Hammarskjold Plaza New York, NY 10017	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S Nicholas J. Camera 1271 Ave. of the Americas New York, NY 10020	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD Michael A Sennott One Dag Hammarskjold Plaza New York, NY 10017	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T Steven Berns 1270 Ave. of the Americas New York, NY 10020	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CD Puris, Martin One Dag Hammarskjold Plaza New York, NY 10017	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Arthur Mason 1270 Ave. of the Americas New York, NY 10020	TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Mason ARTHUR M. MASON 04/ /02 (212)621-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)