


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

11033769



| | | | |
|---|---|--|--|
| DOCUMENT # P22939 | |  | |
| 1. Entity Name DMJM AVIATION, INC. | | | |
| Principal Place of Business 1700 MARKET STREET SUITE 1700 PHILADELPHIA, PA 19103 US | | Mailing Address 1700 MARKET STREET SUITE 1700 PHILADELPHIA, PA 19103 US | |
| 2. Principal Place of Business | | 3. Mailing Address 999 Town & Country Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Orange, CA 92668 | |
| 4. FEI Number 23-2499109 | | Applied For Not Applicable | |
| Zip 92868 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when registering) | |
| FILE NUMBER: FE-15-00 After May 1, 2003 Fee will be \$550.00 Make check payable to Florida Department of State | | 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 NAME STREET ADDRESS CITY-ST-ZIP | S/D LAMBECK, DEBRA TILSON 616 S. FLOWER ST., STE. 3700 LOS ANGELES, CA 90071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Debra T. Lambeck <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D INCAUDO, JOSEPH A 656 S. FLOWER ST, STE. 3700 LOS ANGELES, CA 90071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUNTER, STEPHANIE 656 S. FLOWER ST., STE. 3700 LOS ANGELES, CA 90071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BERATAN, JAY 260 S. BROAD ST., STE. 1400 PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KLEM, DEBORAH 800 DOUGLAS ENTRANCE, NORTH TOWER CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANII, A.E. 6800 PARK TEN BLVD., STE. 180 SOUTH SAN ANTONIO, TX 78213 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Debra T. Lambeck</i> | | Date: 4/28/03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |
| Debra T. Lambeck, Secretary | | | |

CFR2034 (10/02)