

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90140 010 ***550.00

DOCUMENT # P32825

1. Entity Name

SABLEKNIGHT NEW YORK INC.



Principal Place of Business
C/O HOWE & ADDINGTON LLP
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US

Mailing Address
C/O HOWE & ADDINGTON LLP
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US



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 **22-2528763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PD
HARRISON, ROGER ☐ Delete
100 PARK LANE
LONDON, ENGLAND

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CALLAHAN, STEVEN B ☒ Delete
450 LEXINGTON AVE #3800
NEW YORK NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Assistant Sec ☐ Change ☒ Addition
Hood, Bruce E.
450 Lexington Avenue, #3800
New York, New York 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CALLAHAN, STEVEN B. ☒ Delete
450 LEXINGTON AVE #3800
NEW YORK NY

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPA
DISANTO, JOSEPH ☐ Delete
450 LEXINGTON AVE
NEW YORK NY 10017

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PAL, ANDREW J ☐ Delete
450 LEXINGTON AVE
NEW YORK NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/VP/Secretary ☒ Change ☐ Addition
Pal, Andrew J.
450 Lexington Ave., #3800
New York, New York 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21 2003 212-490-1700

Date

Daytime Phone #

CF2E034 (4/03)