FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 19, 2001 8:00 am DOCUMENT # P93000044715 **Secretary of State** 1. Entity Name DBH HOLDINGS, INC. 03-19-2001 90010 042 \*\*\*150.00 Principal Place of Business Mailing Address 780 THIRD AVENUE 780 THIRD AVE STE 1801 NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 13-3727322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City Zip Code F۱ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, ☐ Addition TITI F ☐ Delete TITLE ☐ Change GRIFFIN, MERV NAME NAME STREET ADDRESS STREET ADDRESS 780 THIRD AVENUE CITY-ST-ZIF CITY-ST-ZIP **NEW YORK NY 10017** TITLE ☐ Detete TITLE ☐ Change ☐ Addition COHEN, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS **6 MERRIVALE ROAD** CITY-ST-ZIP CITY-ST-ZIP **GREAT NECK NY 11021** TITLE TITLE Delete NAME NAME EYRE, MICHAEL STREET ADDRESS STREET ADDRESS 5580 N. CEDARHAVEN DRIVE CITY-ST-ZIP CITY - ST - ZIF AGOURA HILLS CA TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME DEVERIEH, KEVIN STREET ADDRESS STREET ADDRESS 11201 CANTON DRIVE CITY-ST-ZIP CITY-ST-ZIP STUDIO CITY CA TITLE Delete TITLE ☐ Change ☐ Addition **VPS** NAME REDLICH, GLORIA STREET ADDRESS STREET ADDRESS 300 WINSTON DRIVE CITY-ST-ZIP CITY-ST-ZIP CLIFFSIDE PARK NJ 07010 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an efficer 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 Block 12 if