2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State **DOCUMENT # P94000013485** 03-22-2004 90052 038 ***150 00 JUDGMENT ACQUISITION CORP. Principal Place of Business Mailing Address 94033563 13161 BURGUNDY DRIVE SOUTH 625 MADISON AVE PALM BEACH GARDENS, FL 33410 4TH FLOOR NEW YORK, NY 10022-1801 3. Mailing Address 2. Principal Place of Business MICHELE MACK Suite, Apt. #, etc. 03162004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-0490391 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET-SUITE 105 STE. 700 TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ΠÌ Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Addition TITLE ☐ Change TITLE ☐ Delete GOLDSTEIN, GILBERT NAME NAME STREET ADDRESS 13161 BURGUNDY DRIVE SOUTH STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change GITTIS, HOWARD NAME STREET ADDRESS 35 EAST 62ND STREET STREET ADDRESS NEW YORK, NY 10021 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE Change WOLDOW, ROBERT NAME NAME STREET ADDRESS 2000 SOUTH OCEAN BLVD STREET ADDRESS PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE 111 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 22, 2004 8:00 am