

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017684**

1. Entity Name

PGA MGP CORP.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 002 ***150.00

629499

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) 156 W. 56TH ST., 12TH FLOOR NEW YORK NY 10019	ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) 156 W. 56TH ST., 12TH FLOOR NEW YORK NY 10019-3800

2. Principal Place of Business C/O Norman G. Orodener Tillinghast Licht Perkins Suite, Apt. #, etc. 10 Weybosset St., 10th Floor	3. Mailing Address C/O Norman G. Orodener Tillinghast Licht Perkins Suite, Apt. #, etc. 10 Weybosset St., 10th Floor
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City & State Providence, RI	City & State Providence, RI
Zip 02903-2818	Country USA
Zip 02903-2818	Country USA

4. FEI Number 13-3840327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RONALD ALTMAN C/O WAM 156 W 56 ST. 12 FLOOR NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Daniel Cohen One Kenney Drive Cranston, RI 02920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT ROBERT T. MICHAELSON C/O WAM 156 ST. 12 FLOOR NY NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Daniel Cohen One Kenney Drive Cranston, RI 02920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS MARTIN GANG C/O WAM 156W. 56 ST. 12 FLOOR NY NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Douglas Brown One Kenney Drive Cranston, RI 02920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Norman G. Orodener 10 Weybosset St., 10th Floor Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Bernard Schretter 115 Constitution Boulevard Franklin, MA 02038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Joel Poretsky 405 Lexington Avenue New York, NY 10174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

3. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman G. Orodener **SIGNATURE REQUIRED** Secretary 3/16/00 401-456-1200, ext. 333
Date Daytime Phone #

CR2E034 (9/99)