FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 20, 2003 8:00 am Secretary of State

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DOCUMEN 1. Entity Name				06-20-2003 90029 033 ***158.75				
DECEMBER	TENTH COR	PORATION	1/					
DO	NOT WRI	TE IN THIS	S SPAC	E	. :	,		
2. Principal Place of Bu 745 FIFTH AVE			3. Mailing Address 1430 BROADWAY					
Suite, Apt. #, etc. 25TH FLOOR		Suite, Apt. #. (Suite, Apt. #, etc. SUITE 1107			DO NOT WRITE IN THIS SPACE		
City & State NEW YORK, NY	, .	City & State	City & State NEW YORK, NY			FEI Number 65-0806670 Applied For Not Applicable		
Zip 10151	Country USA	Zip 10018	Coun USA	Country USA		Certificate of Status Desired \$8.75 Additional Fee Required		
				7. Name and Address of Current Registered Agent				
				Name DONALD J. PLINER				
	DO NOT	WRITE		Street Add	ress (P.O. Bo	ox Number is Not Acce	ptable)	
	IN THIS	SPACE	•	9601 C	OLLINS A	AVENUE, PH30	3	
	~	.=		City DAI	. HARBO	IID	FL	Zip Code
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the obligations of re		tient for the purpose of cit	anging its register	ad Office Of Te	gistered age	one, or both, arting chare	or ronoz. yam ram	ma man, and docept
SIGNATURESignature, b	yped or printed name of registers	ed agent and title if applicable.	(NOTE: Registere	d Agent signalure	required when rer	nstating)	DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						9. Election Campai Trust Fund Contr	· •	\$5.00 May Be Added to Fees
10.		S AND DIRECTORS	-				1	- 1
TITLE	SIDENT		TITL	Ē Ī		4	1	1
NAME DONA	ALD J. PLINER		· NAM					
	COLLINS AVE,	PH303		ET ADDRESS -ST-ZIP		,		-
872	MEBAVE, F	7-33151	TITL		\$1.	·		<u>*</u>
	PRESIDENT		, NAM	Į.				1
STREET ADDRESS CARL	. R. DANZIGER			ET ADDRESS		•	•	
CITY-ST-ZIP 3 FAF	R HILL LANE	7 NY 1057	O 'cili.	-ST-ZIP			<u> </u>	
"	DIFFICE	, ,, ,,			•			
NAME ETDEET ADDRESS			- NAM SIRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	4_	DO NO	T WRIT	E
TITLE			ŤĬŤĹ			····		· 1
NAME				IE:		IIA LUI	SSPAC	=
STREET ADDRESS			STRI	EET ADDRESS	•			ď

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 game 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 (97, Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

NAME

CITY-ST-ZIP .

TITLE

NAME ***
STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIÈ

SIGNATURE: (ARL

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CHY-ST-ZIP

STHEET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/03 Date (212) 624-0500

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Daytime Phone #