

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90041 019 ***150.00

DOCUMENT # P97000088074**1. Entity Name**
DMB L3, G.P., INC.**Principal Place of Business**
501 MADISON AVENUE 18 FLOOR
NEW YORK NY 10022**Mailing Address**
501 MADISON AVENUE 18 FLOOR
NEW YORK NY 10022

DUU40J04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3970174**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	KRAMER, CHARLES	501 MADISON AVENUE NEW YORK NY 10022	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	KUSHNER, BRAD	501 MADISON AVENUE NEW YORK NY 10022	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	LOSCHIAVO, ROBERT	501 MADISON AVENUE NEW YORK NY 10022	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CD	BRUDER, RONALD B	501 MADISON AVE NEW YORK NY 10022	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P	KRAMER, CHARLES	501 MADISON AVE NEW YORK NY 10022	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**

Robert W. LoSchiavo, SVP

3/6/02

(212) 753-3123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)