

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000088074 1. Entity Name DMB L3, G.P., INC.	
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Principal Place of Business 501 MADISON AVENUE 18 FLOOR NEW YORK, NY 10022	Mailing Address 501 MADISON AVENUE 18 FLOOR NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE

07142004 No Chg-P CR2E03+ (10/03)

4. FEI Number 13-3970174	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when certifying)
DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contributions. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D KRAMER, CHARLES 501 MADISON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY ST ZIP	D KUSHNER, BRAD 501 MADISON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY ST ZIP	CD BRUDER, RONALD B 501 MADISON AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY ST ZIP	P KRAMER, CHARLES 501 MADISON AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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08/12/04-80007-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  8/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR