

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90048 049 ***150.00

AV

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**

11005652



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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.

SIGNATURE: **SIGNATURE REC'D [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/03** Daytime Phone #: **(212) 753-3123**

CR2E034 (10/02)