

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90149 009 ***150.00

DOCUMENT # *P98000032798*

1. Entity Name
DD Lauderdale Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o DRA Advisors, Inc.

3. Mailing Address
c/o DRA Advisors, Inc.

Suite, Apt. #, etc.
220 East 42nd Street, Fl 27

Suite, Apt. #, etc.
220 East 42nd Street, Fl 27

City & State
New York, NY 10017

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New York, NY 10017

4. FEI Number
13-4029637

Applied For
Not Applicable

Zip Country
10017 usa

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10017 usa

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301

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)

January 1 - May 1 Fee is ~~\$150.00~~
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francis X. Tansey, President 220 East 42nd St, 27th Street New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Luski, Vice President 220 East 42nd St, 27th Street New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian T. Summers, Vice President 220 East 42nd St, 27th Street New York, NY 10017
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian T. Summers 4-22-02 212. 697-4740

Date

Daytime Phone #

CR2E034B (12/01) *dk*