

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 034 ***150.00

DOCUMENT # P11577
 1. Entity Name
HALLMAN & LORBER ASSOCIATES, INC.



Principal Place of Business
**70 EAST SUNRISE HWY.
 SUITE 411
 VALLEY STREAM, NY 11581**

Mailing Address
**787 7TH AVENUE
 49TH FLOOR
 NEW YORK, NY 10019**

94070746



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
11-2357233

Applied For
 Not Applicable

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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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 **PD** Delete
 NAME **LORBER, HOWARD M.**
 STREET ADDRESS **8061 FISHER ISLAND DR**
 CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE **PTSD** Change Addition
 NAME **Lorber, Howard**
 STREET ADDRESS **70 East Sunrise Hwy, Ste 411**
 CITY-ST-ZIP **Valley Stream, NY 11581**

TITLE **V** Delete
 NAME **LIESER, LORI M**
 STREET ADDRESS **500 W. MADISON, SUITE 3650**
 CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **OLSON, STEPHANIE S**
 STREET ADDRESS **787 SEVENTH AVE. 49TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LIEBOWITZ, MICHAEL**
 STREET ADDRESS **70 E. SUNRISE HWY, #411**
 CITY-ST-ZIP **VALLEY STREAM, NY 11581**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BECKER, LAWERANCE**
 STREET ADDRESS **787 SEVENTH AVE. 49TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **D** Change Addition
 NAME **Zuccaro, Robert**
 STREET ADDRESS **787 Seventh Ave, 49th Floor**
 CITY-ST-ZIP **New York, NY 10019**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Lori M Lieser*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 312-985-5700
 Date Daytime Phone #