2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90015 022 ***150.00

DOCUMENT # P32825

1. Entity Name

SABLEKNIGHT NEW YORK INC.

Principal Place of Business	Mailing Address
C/O HOWE & ADDINGTON LLP 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US	C/O HOWE & ADDINGTON LLP 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
c/o Wiggin and Dana LLP	c/o Wiggin and Dana LLP
Suite, Apt. #, etc.: 450 Lexington Ave. #3800	Suite, Apt. #, etc.: 450 Lexington Ave., #3800
City & State: New York, New York 10017	City & State: New York, New York 10017
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. FEI Number 22-2528763 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRISON, ROGER 100 PARK LANE LONDON, ENGLAND	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/President Marius Gray 47 Maze Hill London, England	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS HOOD, BRUCE E 450 LEXINGTON AVE #3800 NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA DISANTO, JOSEPH 450 LEXINGTON AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS PAL, ANDREW J 450 LEXINGTON AVE., #3800 NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Feb. 17, 2004 212-551-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #