

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 050 ***150.00

20064651

DOCUMENT # P32825

1. Entity Name
SABLEKNIGHT NEW YORK INC.



Principal Place of Business
**C/O WIGGIN AND DANA LLP
450 LEXINGTON AVE #3800
NEW YORK, NY 10017 US**

Mailing Address
**C/O WIGGIN AND DANA LLP
450 LEXINGTON AVE #3800
NEW YORK, NY 10017 US**

DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

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**

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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 _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD
NAME	GRAY, MARIUS
STREET ADDRESS	47 MAZE HILL
CITY-ST-ZIP	LONDON, ENGLAND,
TITLE	VPAS
NAME	HOOD, BRUCE E
STREET ADDRESS	450 LEXINGTON AVE #3800
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	DVPA
NAME	DISANTO, JOSEPH
STREET ADDRESS	450 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	DVPS
NAME	PAL, ANDREW J
STREET ADDRESS	450 LEXINGTON AVE., #3800
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #