

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

0442074

**DOCUMENT # V30987**

06-15-2001 90170 001 \*\*\*550.00

1. Entity Name  
**MAFA ENTERPRISE CORP.**

Principal Place of Business C/O LA SEVEN, INC. 315 WEST 57TH ST., #405 NEW YORK NY 10019	Mailing Address C/O LA SEVEN, INC. 315 WEST 57TH ST., #405 NEW YORK NY 10019
---	---

**A0073450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>C/O PAVIA HARBOR</b>	3. Mailing Address <b>C/O PAVIA HARBOR</b>
Suite, Apt. #, etc. <b>600 MADISON AVENUE</b>	Suite, Apt. #, etc. <b>600 MADISON AVENUE</b>

City & State <b>NEW YORK</b>	City & State <b>NEW YORK</b>
---------------------------------	---------------------------------

Zip <b>10022</b>	Country <b>U.S.A.</b>	Zip <b>10022</b>	Country <b>U.S.A.</b>
---------------------	--------------------------	---------------------	--------------------------

4. FEI Number <b>65-0400357</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>P</b> <b>CORTI, ALBERTO G</b> <b>VIA AL PONTE 9 6900</b> <b>MASSAGNO, SWITZERLAND</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIDLE, JAN</b> <b>12920 SW 81 STREET</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PAVIA, GEORGE</b> <b>600 MADISON AVE, 12TH FL</b> <b>NEW YORK NY 10022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FROBERT NICOLA</b> <b>BEACON HNSB, 15 CHRISTCHURCH ROAD,</b> <b>BURNEMOUTH DORSET ENGLAND BN1 3LB</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BULL JAMES JAMES</b> <b>BEACON HNSB, 15 CHRISTCHURCH ROAD,</b> <b>BURNEMOUTH, DORSET ENGLAND BN1 3LB</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D.J. Bull David James Bull 6/15/01 0114412225161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #