FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] SUTTON JONES KEITH					uer Name and Tick		0			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005							below	er (give title /)	10% Owner Other (specify below) onal Operations			
512 SEVENTH AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)											X	Form	filed by One	Reporting Pe	rson	
NEW YO	RK N	Y	10018									Form Perso	•	e than One R	eporting	
(City)	(S	itate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
		i di.	JIE I - INC	JII-Delliva	uve .	Securities Acq	uirea, i	Disp	osed of, o	or Ben	eficially	Owne	d			
1. Title of S	ecurity (Ins			2. Transactio Date (Month/Day/	on	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (In 8)	tion	4. Securitie: Disposed O and 5)	s Acquire	ed (A) or	5. Amo Securi Benefi Owned	unt of ties cially	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
1. Title of S	ecurity (Ins			2. Transactio Date	on	2A. Deemed Execution Date, if any	3. Transact Code (In	tion	4. Securities Disposed O	s Acquire	ed (A) or	5. Amo Securi Benefi Owned Follow Report Transa	unt of ties cially ing	Form: Direct (D) or	of Indirect Beneficial	
1. Title of S				2. Transactio Date	on 'Year)	2A. Deemed Execution Date, if any	3. Transact Code (In 8)	tion	4. Securitie: Disposed O and 5)	s Acquire f (D) (Ins (A) or	ed (A) or tr. 3, 4	5. Amo Securi Benefi Owned Follow Report Transa (Instr.	unt of ties cially ing ed ction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
		str. 3)	able II -	2. Transactio Date (Month/Day/ 11/01/20 • Derivativ	on IYear))0 <i>5</i> ve Se	2A. Deemed Execution Date, if any	3. Transact Code (In 8) Code <u>M</u> red, Di	tion Istr. V	4. Securitie: Disposed O and 5) Amount 2,500 sed of, or	s Acquire f (D) (Ins (A) or (D) A Benefi	Price \$2.75	5. Amo Securi Benefi Owned Follow Report Transa (Instr.	unt of ties cially ing ed ction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

1. Title of Derivative Security (Instr. 3)	Conversion		Execution Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (Right to buy)	\$2.75	11/01/2005		М			2,500	12/11/1996 ⁽¹⁾	12/11/2005	Common Stock	2,500	\$2.75	2,500	D	

Explanation of Responses:

1. These options vested 50% after six months from the date of grant and 50% after one year from the date of grant.

Keith Sutton-Jones

11/01/2005

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.