

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90005 001 ***150.00

DOCUMENT # F93000003560

1. Entity Name

420 LINCOLN ROAD, INC.



Principal Place of Business

C/O DAVID SACHS
155 EAST 55TH STREET, SUITE 5-F
NEW YORK NY 10022

Mailing Address

C/O DAVID SACHS
155 EAST 55TH STREET, SUITE 5-F
NEW YORK NY 10022

94003500



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-3719171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, RICHARD
1441 MAPLE FOREST DRIVE
CLEARWATER FL 34624

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

| | | |
|----------------|---------------------------------|--|
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | SACHS, DAVID | |
| STREET ADDRESS | 155 EAST 55TH STREET, SUITE 5-F | |
| CITY-ST-ZIP | NEW YORK NY 10022 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PALIN, MICHAEL | |
| STREET ADDRESS | 969 THIRD AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10022 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SACHS, MARVIN | |
| STREET ADDRESS | 155 EAST 55TH STREET, SUITE 5-F | |
| CITY-ST-ZIP | NEW YORK NY 10022 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL PALIN | |
| STREET ADDRESS | 235 PARK AVE 50, | |
| CITY-ST-ZIP | NEW YORK, N.Y. 10003 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 212 753-3232