


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90015 007 ***150.00

DOCUMENT # F96000002298					
1. Entity Name STEVEN MADDEN RETAIL, INC.					
Principal Place of Business 52-16 BARNETT AVENUE ATTN: ALAN ROY REMULAR LONG ISLAND CITY, NY 11104			Mailing Address 52-16 BARNETT AVENUE ATTN: ALAN ROY REMULAR LONG ISLAND CITY, NY 11104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052004 Chg-P CR2E034 (10/03)	
4. FEI Number 13-3850272				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAY 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE P NAME OLICKER, RICHARD STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CEO NAME KARSON, JAMIESON STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST NAME DHARIA, ARVIND STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE ST NAME DHARIA, ARVIND STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME COOPER, MARC STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CD NAME KOPPELMAN, CHARLES STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MIGLIORINI, PETER STREET ADDRESS 52-16 BARNETT AVENUE CITY-ST-ZIP LONG ISLAND CITY, NY 11104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: ARVIND DHARIA			(718) 4461800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		