

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90360 048 ***158.75

DOCUMENT # F99000005003

1. Entity Name
FORTUNE FASHIONS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 7380 SAND LAKE RD., SUITE 549 7380 SAND LAKE RD., SUITE 549
 ORLANDO FL 32819 ORLANDO FL 32819-5248

2. Principal Place of Business 3. Mailing Address - *same or*
7001 LAKE ELLENOR DR to corporate office
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#130 **PO BOX 910945**
 City & State City & State
Orlando, Florida **Los Angeles, Ca**

4. FEI Number Applied For
95-4331006 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHMITZ, DIANA
 7380 SAND LAKE RD., SUITE 549
 ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name **Sandra Horas - Litton**
 Street Address (P.O. Box Number is Not Acceptable) **7001 LAKE ELLENOR DRIVE**
Suite #130
 City **Orlando** FL Zip Code **32809**

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 *Sandra Horas - Litton* DATE **2-10-00**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PCT KAYNE, FRED 1800 AVENUE OF THE STARS, #310 LOS ANGELES CA 90067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENBLATT, LEE 6501 FLOTILLA STREET COMMERCE CA 90040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FESHBACH, ANDREW 121 GRAY AVENUE SANTA BARBARA CA 93101 <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	<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
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee Rosenblatt* DATE **4/4/00** Daytime Phone # **323/721-0708**
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)