2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# M07000005737

Entity Name: MOD TIMES FASHION GROUP, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 37-1546463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	KING, T. SCOTT	
Address:	5200 TOWN CENTER CIRCLE, SUITE 600	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGR	( ) Delete
Name:	WERKING, DOUG	
Address:	5200 TOWN CENTER CIRCLE, SUITE 600	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGR	( ) Delete
Name:	CALHOUN, KEVIN	
Address:	5200 TOWN CENTER CIRCLE, SUITE 600	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGR	( ) Delete
Name:	HEASLEY, LINDA	
Address:	THREE LIMITED PARKWAY	
City-St-Zip:	COLUMBUS, OH 43230	
Title:	MGR	( ) Delete
Name:	WILLIAMS, DOUGLAS	
Address:	THREE LIMITED PARKWAY	
City-St-Zip:	COLUMBUS, OH 43230	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER SPANGLER POA 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date