


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-15-2003 90293 001 ***900.00

DOCUMENT # P0000108941

1. Entity Name
FASHION BUG #3554, INC.



Principal Place of Business
**450 WINKS LN
BENSALEM PA 19020**

Mailing Address
**450 WINKS LN
BENSALEM PA 19020**

2. Principal Place of Business

3. Mailing Address
**3750 State Rd
Suite, Apt. # etc.
F B 13**

Suite, Apt. #, etc.

City & State
Bensalem PA

Zip Country
19020 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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, 2003 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	D	<input type="checkbox"/> Delete
NAME	BERN, DORRIT J	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, KATHLEEN H	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPECTER, ERIC M	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAUB, JONATHON	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
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 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: _____ **DATE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)