

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

APPROVED
AND
FILED

DOCUMENT # F96000002298

1. Entity Name
STEVEN MADDEN RETAIL, INC.

02 AUG 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800007731378--3

-09/13/02--01039--023
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 52-16 Barnett Ave Suite, Apt. #, etc. Attention: ALAN ROY REMULAR	3. Mailing Address 52-16 Barnett Ave Suite, Apt. #, etc. Attention: ALAN ROY REMULAR
City & State Long Island City, NY	City & State Long Island City, NY
Zip 11104	Country USA

4. FEI Number 133850272	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee
FL
Zip Code 32301

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent Signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Olicker, Richard 52-16 Barnett Ave Long Island City, NY 11104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arvind Dharja, STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
August 12, 2002 (718) 308 2273
Date Daytime Phone #

CR2E034B (12/01)