


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 572802</b> 1. Entity Name LEVITZ SHOPPING SERVICE, INC.	
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Principal Place of Business 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735 US	Mailing Address 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735 US
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02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-2067933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT, MARK 300 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CAROTHERS, W JAY 300 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S WEBBER, ROBERT 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/AT COLREAVY, COLEEN 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> <del>RUBIN, JAMES</del> <del>10 NEW KING STREET, STE. 107</del> <del>WHITE PLAINS, NY 10604</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT SYMINGTON 10 NEW KING STREET, STE 107 WHITE PLAINS, NY 10604

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *by: Robert Syington V.P.* *3/15/05* *516-496-9560 x1743*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT WEBBER, VICE PRESIDENT, SECRETARY  
Date Daytime Phone #