8/29/01-90017-030-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001676

1. Entity Name

RETAIL EQUITY PARTNERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 AM 9:54

Principal Place of Business	Mailing Address
6000 UNIVERSAL BLVD., #7458 ORLANDO FL 32819	6000 UNIVERSAL BLVD., #7458 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5900 Wilshire Blvd Suite, Apt. #, etc. Floor 1
City & State	City & State LA, CA
Zip / Country	Zip 90036 / Country USA

4. FEI Number 52-2211643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P USHER, HARRY 218 SOUTH WINDSOR BLVD. LOS ANGELES CA 90004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LARCOMBE, FREDERICK 107 MILL POND ROAD BELLE MEAD NJ 08502	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO ROONEY, WILLIAM 19110 BOCA DEL MAR SAN ANTONIO TX 78258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5900 WILSHIRE BLVD 11TH FLOOR LA, CA 90036	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD - OK WIEDERCHT, DAVID 3003 SUMMER STREET STAMFORD CT 06905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - OK PASTORE, MICHAEL M 3003 SUMMER STREET STAMFORD CT 06905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHIEF EXECUTIVE OFFICER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALTEDR-THOMAS 5900 WILSHIRE BLVD 11TH FLOOR LA, CA 90036	☐ Change ☒ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED 8-2001 9-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #