


*Division*

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0618033 AT

05-05-2003 90204 002 \*\*\*150.00

<b>DOCUMENT #</b> F00000004280	
<b>1. Entity Name</b> CANDIE'S, INC.	

<b>Principal Place of Business</b> 400 COLUMBUS AVENUE VAHALLA NY 10595	<b>Mailing Address</b> 400 COLUMBUS AVENUE VAHALLA NY 10595
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 11-2481903	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <span style="float: right;">FL</span> 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	CEO <input type="checkbox"/> Delete
NAME	COLE, NEIL
STREET ADDRESS	400 COLUMBUS AVENUE
CITY-ST-ZIP	VAHALLA NY 10595
TITLE	V <input type="checkbox"/> Delete
NAME	DANDERLINE, RICHARD
STREET ADDRESS	400 COLUMBUS AVENUE
CITY-ST-ZIP	VAHALLA NY 10595
TITLE	S <input type="checkbox"/> Delete
NAME	STEHR, DEBORAH S
STREET ADDRESS	400 COLUMBUS AVENUE
CITY-ST-ZIP	VAHALLA NY 10595
TITLE	V <input type="checkbox"/> Delete
NAME	IVERSON, ANN
STREET ADDRESS	8100 E CAMELBACK ROAD, #170
CITY-ST-ZIP	SCOTTSDALE AZ 85251
TITLE	D <input type="checkbox"/> Delete
NAME	EMMANUEL, BARRY
STREET ADDRESS	1 WEST 37TH STREET, 10TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10018
TITLE	D <input type="checkbox"/> Delete
NAME	MENDELOW, STEVE
STREET ADDRESS	440 PARK AVENUE SOUTH
CITY-ST-ZIP	NEW YORK NY 10016

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hubert Guzz
STREET ADDRESS	5804 E. Slauson Ave.
CITY-ST-ZIP	Commerce, CA 90040
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 RICHARD DANDERLINE 4/22/03  
Date 4/22/03  
Signature and typed or printed name of signing officer or director  
Daytime Phone 914-548-2600

CR2E034 (10/02)