2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # F0000006416 1. Entity Name NEW CENTURY OUTFITTERS, INC. 04-27-2001 90392 007 ***150 00 Mailing Address Principal Place of Business 20913 ST ANDREWS BLVD 20913 ST ANDREWS BLVD UNIT 60 UNIT 60 0 0 U 1 4 4 BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 1200 SOUTHWEST 18TH ST 1200 SOUTHWEST 18TH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For BOCA RATON, City & State BOCA RATON, 4. FEI Number 23-3032561 Not Applicable Country \$8,75 Additional Country ^{Zip} 33486 33⁷86 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent " Name PLOTNICK, HARRIS STEELOODIES OUT PANEET IS 1817 FREET BEET 20913 ST ANDREWS BLVD., UNIT 60 **BOCA RATON FL 33433 BOCA RATON** 33486 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. HARRIS PLOTNICK SIGNATURE required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Ch TITLE ☐ Delete TITLE NAME PLOTNICK, HARRIS NAME 1200 SOUTHWEST 18TH STREET STREET ADDRESS STREET ADDRESS 20913 ST ANDREWS BLVD., UNIT 60 BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. It 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 appropriate of the corporation of

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President /

Daytime Phone #