


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90342 041 ***150.00

DOCUMENT #	F02000003758	
1. Entity Name S&B RETAIL, INC.		

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24047560

2. Principal Place of Business 455 ROUTE 17 SOUTH		3. Mailing Address ONE STEINWAY PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARAMUS, NJ 07652		City & State LONG ISLAND CITY, NY	
Zip	Country	Zip	Country
		11105	
4. FEI Number 22-3483527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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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 32301-2525
	FL Zip Code 32301-2525

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 _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT, CEO, DIRECTOR	TITLE	
NAME	BRUCE A. STEVENS	NAME	
STREET ADDRESS	800 SOUTH STREET, SUITE 305	STREET ADDRESS	
CITY-ST-ZIP	WALTHAM, MA 02453	CITY-ST-ZIP	
TITLE	EXEC. V.P., DIRECTOR	TITLE	
NAME	DANA D. MESSINA	NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD, STE 700	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90025	CITY-ST-ZIP	
TITLE	EXEC. V.P., DIRECTOR	TITLE	
NAME	KYLE R. KIRKLAND	NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD., STE 700	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90025	CITY-ST-ZIP	
TITLE	EXEC. V.P., TREASURER & SECY	TITLE	
NAME	DENNIS M. HANSON	NAME	
STREET ADDRESS	800 SOUTH STREET, STE 305	STREET ADDRESS	
CITY-ST-ZIP	WALTHAM, MA 02453	CITY-ST-ZIP	
TITLE	EXEC. V.P. SALES	TITLE	
NAME	FRANK M. MAZURCO	NAME	
STREET ADDRESS	STEINWAY PLACE & 19TH AVE	STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11105	CITY-ST-ZIP	
TITLE	V.P. CONTROLLER	TITLE	
NAME	DENNIS J. TORTORA	NAME	
STREET ADDRESS	STEINWAY PLACE & 19TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11105	CITY-ST-ZIP	

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

SIGNATURE: _____	4/12/04	761 844-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)