2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# F08000003669

Entity Name: JOE'S JEANS INC.

Current Principal Place of Business:

5901 S EASTERN AVE
COMMERCE, CA 90040

New Principal Place of Business:

Current Mailing Address:

5901 S EASTERN AVE
COMMERCE, CA 90040

New Mailing Address:

FEI Number: 11-2928178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	CROSSMAN, MARC	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	
Title:	PD	( ) Delete
Name:	CROSSMAN, MARC	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	
Title:	TCFO	( ) Delete
Name:	SANDHU, HAMISH	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	
Title:	D	( ) Delete
Name:	DAHAN, JOSEPH	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	
Title:	DS	( ) Delete
Name:	NEMBIRKOW, LORI	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	
Title:	D	( ) Delete
Name:	HOFFMAN, KELLY	
Address:	5901 S EASTERN AVE	
City-St-Zip:	COMMERCE, CA 90040	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI NEMBIRKOW DS 06/24/2009

Electronic Signature of Signing Officer or Director — Date