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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000756 (7)

1. Corporation Name
THE CUSTOM SHOP INC.

Principal Place of Business	Mailing Address
% THE PRENTICE HALL CORPORATION SYSTEM INC 32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19901	% THE PRENTICE HALL CORPORATION SYSTEM INC 32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19901-7421

3. Date Incorporated or Qualified: 03/10/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 22-3198457 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE. 105
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEVITT, MORTIMER	
STREET ADDRESS	18 E. 50TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	LEVITT, ANNEMARIE	
STREET ADDRESS	18 E. 50TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DT	☐ DELETE
NAME	RUBENSTEIN, ESTELLE	
STREET ADDRESS	215 E. 68TH STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	SD	☐ DELETE
NAME	CHAIFETZ, MALCOLM	
STREET ADDRESS	350 FIFTH AVENUE, SUITE 6304	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	RAWDON, KATHLEEN	
STREET ADDRESS	18 E. 50TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

MALCOLM CHAIFETZ

SIGNATURE