

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000003511

1. Entity Name
BUSTER, INC. OF DELAWARE



Principal Place of Business
230 SOUTH BROAD STREET
MEZZANINE
PHILADELPHIA, PA 19102

Mailing Address
230 SOUTH BROAD STREET
MEZZANINE
PHILADELPHIA, PA 19102

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2597735	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP LIPKIN, EDWARD 230 S. BROAD ST., MEZZANINE PHILADELPHIA, PA 19102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/16/08-80008-003 550.00
**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD LIPKIN

Date

7/11/08

Daytime Phone #

215 790 9716