


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003560

1. Entity Name
 420 LINCOLN ROAD, INC.



Principal Place of Business
 C/O DAVID SACHS
 155 EAST 55TH STREET, SUITE 5-F
 NEW YORK, NY 10022

Mailing Address
 C/O DAVID SACHS
 155 EAST 55TH STREET, SUITE 5-F
 NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
 13-3719171 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, RICHARD
 1441 MAPLE FOREST DRIVE
 CLEARWATER, FL 34624

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000181265
 01/14/05-80039-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PCD |
| NAME | SACHS, DAVID |
| STREET ADDRESS | 155 EAST 55TH STREET, SUITE 5-F |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | VD |
| NAME | PALIN, MICHAEL |
| STREET ADDRESS | 235 PARK AVE SO. |
| CITY-ST-ZIP | NEW YORK, NY 10003 |
| TITLE | SD |
| NAME | SACHS, MARVIN |
| STREET ADDRESS | 155 EAST 55TH STREET, SUITE 5-F |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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)(f), 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:  1/10/05 212-753-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #