

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90107 042 ***150.00

0615791 AT

DOCUMENT # F93000004125



1. Entity Name
ARTS DES PROVINCES DE FRANCE, INC.

Principal Place of Business
**40 ENTERPRISE AVENUE
SECAUCUS NJ 07094
US**

Mailing Address
**40 ENTERPRISE AVENUE
SECAUCUS NJ 07094
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3498609**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable) --
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CD**
STREET ADDRESS **COINTREAU, ANDRE**
CITY-ST-ZIP **114 MARYLEBONE LANE
WIM 6HH LONDON, ENGLAND**

TITLE Change Addition
NAME **VP**
STREET ADDRESS **Cointreau, Hedwige de Bouteville**
CITY-ST-ZIP **14 Avenue Saint Honoré d'Eyrlau
75116 Paris, France**

TITLE Delete
NAME **DS**
STREET ADDRESS **BRICKER, WILLIAM L JR**
CITY-ST-ZIP **101 PARK AVENUE 35TH FLOOR
NEW YORK NY 10178-0061**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4/29/03 (201) 209-2500
Date Daytime Phone #

CR2E034 (10/02)