

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002588

1. Entity Name

THE DESIGNORY, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 002 ***150.00

Principal Place of Business 211 E. OCEAN BLVD. STE 100 LONG BEACH CA 90802-4809 US	Mailing Address 211 E OCEAN BLVD STE 100 LONG BEACH CA 90802-4809 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 95-2795651	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HKES&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADIGAN, MATTHEW 229 SAINT JOSEPH AVE LONGBEACH CA 90803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, JOEL 3620 SOLANO RD MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, THOMAS 157 SPRING ST. NEW YORK NY 10012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANCHUM, LANNON 6231 MONERO DR RANCHO PALOS VERDES CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HORMAN, STEVE 4020 VIA OPATA PALOS VERDES CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, THOMAS L 36 WHIPPOORWILL ARMONK NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **Writu Supplemental Report Attached.**
 _____, CFO 4/30/01 562-624-0229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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THE DESIGNORY, INC.

0500 22

211 E. OCEAN BLVD.
SUITE 100
LONG BEACH, CA 90802-4809
US

FEIN: 95-2795651

SUPPLEMENTAL ADDITIONS

TITLE	C/D	Addition
NAME	DAVID J. ALMQUIST	
STREET ADDRESS	P.O. BOX 58, 120 MALLARD RD.	
CITY-ST-ZIP	HAILEY, ID 83333	

TITLE	S/D	Addition
NAME	BARRY WAGNER	
STREET ADDRESS	58 BOUTON ROAD	
CITY-ST-ZIP	SOUTH SALEM, NY 10590	

TITLE	P	Addition
NAME	JANET M. THOMPSON	
STREET ADDRESS	1206 MORNINGSIDE DR.	
CITY-ST-ZIP	LAGUNA BEACH, CA 92651	

TITLE	M	Addition
NAME	ALAN GROSSMAN	
STREET ADDRESS	1318 ALAMEDA AVE.	
CITY-ST-ZIP	GLENDALE, CA 91201	