

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90050 013 ***150.00

DOCUMENT # F95000002588

1. Entity Name
THE DESIGNORY, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2795651

Applied For

Not Applicable

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

**HKES&F REGISTERED AGENT CORP.
 2601 S. BAYSHORE DR.
 SUITE 600
 MIAMI FL 33133**

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete
 NAME **RADIGAN, MATTHEW**
 STREET ADDRESS **229 SAINT JOSEPH AVE**
 CITY-ST-ZIP **LONG BEACH CA 90803**

TITLE **M** ☐ Change ☒ Addition
 NAME **ALAN GROSSMAN**
 STREET ADDRESS **390 ANZIO WAY**
 CITY-ST-ZIP **OAK PARK, CA 91377**

TITLE **CD** ☐ Delete
 NAME **ALMQUIST, DAVID J**
 STREET ADDRESS **P.O. BOX 58, 120 MALLARD ROAD**
 CITY-ST-ZIP **HAILEY ID 83333**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WATSON, THOMAS**
 STREET ADDRESS **157 SPRING ST.**
 CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **WAGNER, BARRY**
 STREET ADDRESS **58 BOUTON ROAD**
 CITY-ST-ZIP **SOUTH SALEM NY 10590**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **THOMPSON, JANET M**
 STREET ADDRESS **1206 MORNINGSIDE DRIVE**
 CITY-ST-ZIP **LAGUNA BEACH CA 92651**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HARRISON, THOMAS L**
 STREET ADDRESS **36 WHIPPOORWILL**
 CITY-ST-ZIP **ARMONK NY 10504**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

MATTHEW B. RADIGAN 4/17/02 562-624-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)