

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90279 031 \*\*\*150.00

**DOCUMENT # F95000003275**



1. Entity Name

INTIMATE BEAUTY CORPORATION

Principal Place of Business

888 7TH AVE  
NEW YORK, NY 10106

Mailing Address

666 5TH AVENUE  
ATTN: GUANIO  
NEW YORK, NY 10103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-P

CR2E034 (10/03)

4. FEI Number

31-1437168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BURNS, ROBIN  
STREET ADDRESS 888 7TH AVE 43RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10106

TITLE S ☒ Delete  
NAME HASSON, DAVID H  
STREET ADDRESS 3 LIMITED PARKWAY  
CITY-ST-ZIP COLUMBUS, OH 43230

TITLE T ☐ Delete  
NAME KLINGER, LISA  
STREET ADDRESS 3 LIMITED PARKWAY  
CITY-ST-ZIP COLUMBUS, OH 43230

TITLE SVP ☐ Delete  
NAME KAUFMAN, BARRY  
STREET ADDRESS 3 LIMITED PKWY  
CITY-ST-ZIP COLUMBUS, OH 43230

TITLE VP ☐ Delete  
NAME GRANOFF, JILL  
STREET ADDRESS 3 LIMITED PKWY  
CITY-ST-ZIP COLUMBUS, OH 43230

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robin Burns*

Robin Burns

4/8/04