FOR PROFIT CORPORATION

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DOCUN 1. Entity Name		5874	•		**	ËD
STEVEN MADDEN_LTD.					02 SEP 11 PM 2: 17	
			Victoria Victoria	12.4	. SECRETARY	OF STATE
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA 800007732858—3	
			Region 1		-09/13/	/0201044015
2. Principal Pla	ace of Business	3. Mailing Address	32 mm2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		0.00 *****70.00
52-16 Barnett Ave			52-16 Barnett Ave Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. Attn: ALAN ROY REMULAR		Attn: ALAN ROY REMULAR				
City & State		City & State Long Island City, NY		4. FEI Number 133588231	Applied For Not Applicable	
Long Island City, NY Zip Country		Zip Country		5. Certificate of Status Desired	\$8.75 Additional	
11104	U.S.A.	11104	U.S.	.A	7. Name and Address of Current I	Fee Required
			-	Name		
	DO NOT V	VRITE		CORPORATION SERVICE COMPANY Street Artdress (P.O. Box Number is Not Acceptable) 1/201: Hays Street		
	IN THIS S	医髓 第二十一年的教徒主宰的		1201	Hays Street	
		FAVE				
		77		City Tallal	nassee	FL 32301
8. The above	named entity submits this statement	for the purpose of changing	ng its registered	d office or register	ed agent, or both, in the State of Flor	rida.
	/ 4 /	Bri	an Court	ney		9/9/1/2
SIGNATURE _	Signature, typed or printed name of egister of age	nt and title if applicable.	(NOTE: Registered	Agent signature required	I when reinstating)	CATE /
i						
Tax filing re	ration is eligible to satisfy its Intangit equirement and elects to do so.	After Ame	May 1, Fee is ended UBR is	\$61.25	10. Election Campaign Fin. Trust Fund Contribution	
Tax filing re	equirement and elects to do so.	After Ame	May 1, Fee is ended UBR is	\$550.00	Trust Fund Contribution	
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Thereby certify that the information supplied with this limit does not supplied the supplied that I am an officer or director indicated on this report or supplied 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 on an attachment with an address, with all other like empowered.

Arvind Dharia, STD

August 12, 2002 (718) 308 2273

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 2002 (718) 308 2273 Daytone Phone #