08-04-2003 90155 012 7777 10:00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR F96000002298 DOCUMENT # 1. Entity Name 03 AUG 22 PH 3: 18 STEVEN MADDEN RETAIL, INC. SECRETARY OF STATE TALLAHASSPE, FLORIDA Principal Place of Business Mailing Address 52-16 BARNETT AVENUE 52-16 BARNETT AVENUE ATTN: ALAN ROY REMULAR ATTN: ALAN ROY REMULAR LONG ISLAND CITY NY 11104 LONG ISLAND CITY NY 11104. 2. Principal Place of Business 3. Mailing Address 08-22-03 01 OLI3 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 13-3850272 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION. SERVICE COMPANY. Street Address (P.O. Box Number is Not Acceptable) 1201 HAY STREET TALLAHASSEE FL 32301 City 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE OLICKER, RICHARD NAME NAME 52-16 BARNETT AVENUE E034 STREET ADDRESS STREET ADDRESS LONG ISLAND CITY NY 11104 CITY-ST-ZIP CITY ST-ZIE TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP Addition Change TITLE NAME MAR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it 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:

STREET ADDRESS

CITY-ST-ZIP

Date

2003 FOR PROFIT CORPORATION

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Principal Place of Business 52-16 BARNETT AVENUE ATTN: ALAN ROY REMULAR LONG ISLAND CITY NY 11104		Mailing Address 52-16 BARNETT AVENUE ATTN: ALAN ROY REMULAR LONG ISLAND CITY NY 11104					
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Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Regis		
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	named entity submits this statement flions of registered agent.	or the purpose of changing its	registered office or	r registere	ed agent, or both, in the State of Florida	. I am familiar with, and accept	
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SIGNATURE .	Signature, typed or printed name of registered agen	it and title it applicable. (NOTE	E: Registered Agent signati	ure required v	when reinstating)	DATE	
	ILE NOW!!!!» FEE IS \$550.00				9. Election Campaign Finance	ing _ \$5.00 May 8e	
	ptember 10, 2003 Fee will be \$75 r Payable to Florida Department				Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
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indicated of the corp changed, o	on this report or supplemental report is poration or the receiver or trustee emptor or on an attachment with an address,	s true and accurate and that mo owered to execute this report a with all other like empowered.	ny signature shall ha as required by Char	ave the sa	tion 119.07(3)(i), Florida Statutes. I furt ame legal effect as if made under oath: Florida Statutes; and that my name app	that Lam an officer or director	
SIGNAT	UNL	PRINTED NAME OF SIGNING OFFICER O			Date	Daytime Phene #	



Steven Madden, Ltd.52-16 Barnett Ave. Long Island City, N.Y.. 11104 Phone 918-446-1800 Fax 918-446-5599

August 12, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam,

STEVEN MADDEN RETAIL INC. - F96000002298

Please be informed that we did not receive the 2003 Uniform Business Report prior notice. I, therefore, request that the late fee be waived. Thank you so much for your accommodation.

Also, I am enclosing a check in the amount of \$88.75 representing additional fee for the filing of the annual report/Uniform Business Report. As you have noted in your letter, we already have forwarded a payment in the amount of \$70.00. In total, the payment we have made is \$150.00 broken down as follows:

Annual Report Fee	\$ 61.25
Supplemental Corp. Fee	88.75
Certificate of Status	<u>8.75</u>
Total	\$158.75

Thank you so much for your assistance.

Very truly yours,

P.S. Thease note the changes in the Ablitions Change"

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