## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # F9800006994 May 04, 2000 8:00 am Secretary of State CONCORD CAMERA CORP. 05-04-2000 90096 010 \*\*\*300.00 Mailing Address Principal Place of Business 4000 HOLLYWOOD BLVD 4990 HOLLYWOOD BLVD STE 650N STE 650N HOLLYWOOD FL 33021-6752 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 13-3152196 Not Applicable Country Zip Country \$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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition CE<sub>0</sub> TITLE Delete NAME NAME LAMPERT, IRA B 4000 STREET ADDRESS STREET ADORESS 5000:HOLLYWOOD BLVD #650N CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE NAME KING, BRIAN F STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD BLVD #650N CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 VICE PRESIDENT AND TREASURER ☐ Change ☐ Addition ☐ Delete TITLE TITLE <del>cc</del> NAME NAME PRESS, HARLAN I STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD BLVD #650N CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE DIR NAME NAME ARENBERG, ELI STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD BLVD #650N CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE 4000 HOLLY WODD, FL 3302/ HOLLY WODD FL 3302/ HOLLY WODD FL 3302/ dip Section 119 07/29/0 Elected Flore work NAME NAME GINDI, MORRIS STREET ADDRESS STREET ADDRESS ONE WOODBRIDGE CENTER CITY-ST-ZIP CITY-ST-ZIP WOODBRIDGE NJ 07095 Delete TITLE TITLE D NAME NAME GOLD, JOEL L STREET ADDRESS STREET ADDRESS 630 FIFTH AVENUE, SUITE 820 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10111 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

Daytime Phone #