


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90034 014 \*\*\*150.00

<b>DOCUMENT # F99000000327</b> 1. Entity Name <b>FREDERICK'S OF HOLLYWOOD STORES, INC.</b>	
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Principal Place of Business <b>6608 HOLLYWOOD BLVD HOLLYWOOD, CA 90028 6255 SUNSET BLVD. 6TH FLOOR LOS ANGELES, CA 90028</b>	Mailing Address <b>6608 HOLLYWOOD BLVD HOLLYWOOD, CA 90028 6255 SUNSET BLVD. 6TH FLOOR LOS ANGELES, CA 90028</b>
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-4698882</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD LORE, LINDA 6608 HOLLYWOOD BLVD HOLLYWOOD, CA 90028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DEGNER, DONALD 6608 HOLLYWOOD BLVD. HOLLYWOOD, CA 90028</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

<b>SIGNATURE:</b>  <b>CFO/TREAS./SEC.</b>	<b>03/02/05</b>	<b>323-466-5151</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		