


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 021 ***150.00

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| DOCUMENT # F99000000327 | |  |
| 1. Entity Name FREDERICK'S OF HOLLYWOOD STORES, INC. | | |

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| Principal Place of Business 6255 SUNSET BLVD 6+7TH FLOOR HOLLYWOOD, CA 90028 | Mailing Address 6255 SUNSET BLVD 6+7TH FLOOR HOLLYWOOD, CA 90028 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40065780



04042007 Chg-P CR2E034 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 95-4698882 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent CT 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 | |

I, 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD LORE, LINDA <input checked="" type="checkbox"/> Delete 6608 HOLLYWOOD BLVD HOLLYWOOD, CA 90028 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD LORE, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6255 W. SUNSET BLVD. 6TH FLOOR HOLLYWOOD, CA 90028 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DEGNER, DONALD <input checked="" type="checkbox"/> Delete 6608 HOLLYWOOD BLVD. HOLLYWOOD, CA 90028 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO PHILLIPS BLAKEMAN, HEIDI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6255 W. SUNSET BLVD. 6TH FLOOR HOLLYWOOD, CA 90028 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Heidi Blakeman Phillips **HEIDI BLAKEMAN-PHILLIPS** 04/4/07 (323) 466-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #