


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 015 \*\*\*150.00

<b>DOCUMENT # F99000001032</b>	
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1. Entity Name  
**MARIANNE USPR, INC.**

Principal Place of Business <b>C/O URBAN BRANDS, INC. 100 METRO WAY SECAUCUS, NJ 07094</b>	Mailing Address <b>C/O URBAN BRANDS, INC. 100 METRO WAY SECAUCUS, NJ 07094</b>
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3622193</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>EVP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>CFO/SR VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LAMB, STEVEN J</b>		NAME <b>STEVE FELDMAN</b>	
STREET ADDRESS <b>100 METRO WAY</b>		STREET ADDRESS <b>100 METRO WAY</b>	
CITY-ST-ZIP <b>SECAUCUS, NJ</b>		CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>CHIEF EXECUTIVE OFFICER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KLEIN, JEFFREY A</b>		NAME <b>ETHAN SHAPIRO</b>	
STREET ADDRESS <b>100 METRO WAY</b>		STREET ADDRESS <b>100 METRO WAY</b>	
CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>		CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLAND, ROBERT S</b>		NAME <b>ABATE, MICHAEL A</b>	
STREET ADDRESS <b>100 METRO WAY</b>		STREET ADDRESS <b>100 METRO WAY</b>	
CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>		CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRISTOPHER, CLEVELAND</b>		NAME <b>THOMPSON, DARRYL</b>	
STREET ADDRESS <b>100 METRO WAY</b>		STREET ADDRESS <b>100 METRO WAY</b>	
CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>		CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMPSON, DARRYL</b>		NAME <b>THOMPSON, DARRYL</b>	
STREET ADDRESS <b>100 METRO WAY</b>		STREET ADDRESS <b>100 METRO WAY</b>	
CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>		CITY-ST-ZIP <b>SECAUCUS, NJ 07094</b>	

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.

SIGNATURE: *Michael A. Abate* **MICHAEL A. ABATE** *1/28/04* **201-319-9093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President/Treasurer Date Daytime Phone #