

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000001032

Entity Name: MARIANNE USPR, INC.

FILED
Dec 17, 2009
Secretary of State

Current Principal Place of Business:

C/O URBAN BRANDS, INC.
100 METRO WAY
SECAUCUS, NJ 07094 US

New Principal Place of Business:

Current Mailing Address:

C/O URBAN BRANDS, INC.
100 METRO WAY
SECAUCUS, NJ 07094 US

New Mailing Address:

FEI Number: 22-3622193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEWMAN, STEVE
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

Title: SRVP () Delete
Name: HURD, SCOTT
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

Title: TVP () Delete
Name: ABATE, MICHAEL A
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

Title: D (X) Delete
Name: PHOENIX, WILLIAM
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

Title: D (X) Delete
Name: THOMPSON, DARRYL
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

Title: ASEC (X) Delete
Name: WHITE, BARRY B
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. ABATE

TVP

12/17/2009

Electronic Signature of Signing Officer or Director

Date