2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # F99000002671 **Secretary of State** 1. Entity Name FASHION 21, INC. 03-12-2001 90467 003 ***150.00 Principal Place of Business Mailing Address 9501 ARLINGTON EXPWY #615 2001 S ALAMEDA ST LOS ANGELES CA 90058 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address 2001 S. Alameda St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-4233781 Los Angeles, CA Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 90058 Fee Required U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIBBERD, BLAINE H Street Address (P.O. Box Number is Not Acceptable) 320 SE 9TH STREET FORT LAUDERDALE FL 33316 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Addition TITLE ☐ Delete TITLE ☐ Change CHANG, DO W NAME NAME STREET ADDRESS STREET ADDRESS 2001 S ALAMEDA ST CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90058 TITLE DST ☐ Delete TITLE Change ☐ Addition CHANG, JIN S NAME NAME STREET ADDRESS STREET ADDRESS 2001 S ALAMEDA ST CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90058 TITLE ☐ Change . Addition ... TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Chang, Do Won - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

213~747-2121

Daytime Phone #