2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000003794 May 19, 2000 8:00 am Secretary of State 1. Entity Name PLAYERS APPAREL COMPANY, INC. 05-19-2000 90085 017 ***150.00 Mailing Address Principal Place of Business 701 BRICKELL AVENUE - SUITE 3000 701 BRICKELL AVENUE - SUITE 3000 MIAMI FL 33131-2847 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 3555 E. 11TH AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For... City & State City & State 4. FEI Number 65-0897276 Not Applicable HIALEAH Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3013 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE - SUITE 3000 MIAMI FL 33131 Zip Code City FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PTD TITLE Delete TITLE BARNHILL, JEFF NAME NAME 701 BRICKELL AVENUE - SUITE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33131 Change Addition VSD Delete-TITLE ZIMMERMAN, STEVEN NAME 701 BRICKELL AVENUE - SUITE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receiver or true at a management of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with

address, with all other like empowered