## 2000 UMFÖRM BUSINESS REPORT (UBR)

## FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # F9900005003 Entity Name FORTUNE FASHIONS INC. 05-18-2000 90360 048 \*\*\*158.75 Principal Place of Business Mailing Address 7380 SAND LAKE RD., SUITE 549 7380 SAND LAKE RD., SUITE 549 ORLANDO FL 32819-5248 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address KEElleNOR De to DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 95-4331006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Horas - Litton SCHMITZ, DIANA Street 7380 SAND LAKE RD., SUITE 549 ORLANDO FL 32819 年130 Zip 32809 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \_ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2000 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 12. 11. PCT ☐ Addition Change ☐ Delete TITLE TITLE KAYNE, FRED NAME NAME 1800 AVENUE OF THE STARS, #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-ZIP Addition ☐ Delete Change TITLE ROSENBLATT, LEE NAME 6501 FLOTILLA STREET STREET ADDRESS STREET ADDRESS CITY - ST-ZIP COMMERCE CA 90040 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ... FESHBACH, ANDREW NAME NAME 121 GRAY AVENUE STREET ADDRESS STREET ADDRESS SANTA BARBARA CA 93101 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI £ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the content of the conten 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered to changed, or on an attachment w

SIGNATURE: