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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

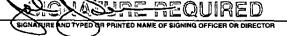
Jul 25, 2003 8:00 am **Secretary of State** H51511 DOCUMENT # 07-25-2003 90209 001 18,700.00 1. Entity Name FASHION BUG #3117, INC. Principal Place of Business Mailing Address 55052345 450 WINKS LN 3554 E. COLONIAL DR. CORPORATE TAX 450 WINKS LN., TAX DEPT. **BENSALEM PA 19020** ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 23-2361043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE ☐ Channe DORRITT, BERN NAME NAME **450 WINKS LANE** STREET ADDRESS STREET ADDRESS BENSALEM PA 19020 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE SULLIVAN, JOHN J NAME NAME **450 WINKS LANE** STREET ADDRESS STREET ADDRESS BENSALEM PA 19020 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete BERN, DORRIT J NAME NAME **450 WINKS LANE** STREET ADDRESS STREET ADDRESS BENSALEM PA CITY-ST-ZIP CITY-ST-ZIP VISD TITLE Delete TITLE Addition Change SPECTER, ERIC NAME NAME **450 WINKS LANE** STREET ADDRESS STREET ADDRESS BENSALEM PA 19020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP



Daytime Phone #