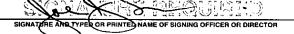
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| 2002 | 2 UNIFU | KM DOSIL | IESS KEPU | | (UDR | <u>()</u> | Esh 27 2 | | $\mathbf{\hat{o}}_{\bullet}$ | Λ | |
|---|---|--|---|----------------------|--|---|---|----------|------------------------------|-----------------------------|--|
| DOCUMENT # K34243 1. Entity Name | | | | | | | Feb 27, 2002 8:00 am Secretary of State | | | | |
| FASHION | BUG #2090 | , INC. | l | | | | 02-27-2002 90 | 017 00 | 1 *6,150 | 0.00 | |
| Principal Place of Business 13120 CORTEZ BLVD CORP. TAX DEPT. BROOKSVILLE FL 34613 US | | | Mailing Address 450 WINKS LN CORPORATE TAX BENSALEM PA 19020 US | | | | | | | | |
| | lace of Business | 3. Mailing Address : Suite, Apt. #, etc. | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | City & State | | | 4. F | El Number 23-2517213 | | | pplied For at Applicable | |
| Zip | Country | | Zip Coun | | ntry | 5. C | Certificate of Status Desired [| | 8.75 Add | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| OT 00000017011 0V07711 | | | | | Name | | | | | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PLANTATION FL 33324 | | | | | | | | | T | | |
| | | | | | City | City FL Zip Code | | | | | |
| 8. The above | named entity subn | nits this statement for th | e purpose of changing its | register | ed office or i | registered age | ent, or both, in the State of Florida | | | | |
| SIGNATURE . | Signature, typed or printe | d name of registered agent and | itle if applicable. (NOTE | : Registere | d Agent signatur | e required when rei | nstating) | DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to | | | | | will be \$55 | 50.00 | 10. Election Campaign Financi Trust Fund Contribution. | ng 🔲 | | 0 May Be to Fees | |
| 11. | | OFFICERS AND DIF | RECTORS | 12. | | ADI | DITIONS/CHANGES TO OFFICER | RS AND D | DIRECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bern, Dorrit 450 Winks Lai Bensalem Pa | | ☐ Delete | | | | | 1 | ☐ Change | Addition (| |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DORRITT, BERI 450 WINKS LAI BENSALEM PA | NE | ☐ Delete | | | | | (| Change | Addition | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | V SULLIVAN, JOH 450 WINKS LAI BENSALEM PA | IN J NE | ☐ Delete | | | | | I | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTSD SPECTER, ERIC 450 WINKS LAI BENSALEM PA |) | ☐ Delete | | | | | . [| Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | II. | | | (| Change | Addition | |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAM STRE | | | | [| Change | Addition | |

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



John Sullivan 1/7/02 (215)633.488.3