## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L00000011756 04-22-2002 90230 006 \*\*\*\*55.00 STRATEGIC BRANDS INTERNATIONAL, L.L.C. Principal Place of Business Mailing Address 125 MAIN ST. 125 MAIN ST. 4TH PLOOR 4TH/FLOOR WESTPORT CT 06880 WESTPORT CT 06880 2. Principal Place of Business 3. Mailing Address 61 Compo Rd Suite, Apt. #, etc. 61 Compo Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1599046 WESTADAT Not Applicable Country Zip \$5.00 Additional 5.\_Certificate of Status Desired\_\_\_\_ 06880 úS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COBER CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133 ن 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE ☐ Delete Change ☐ Addition NAME BARRIE, RICHARD NAME STREET ADDRESS 61 COMPO RD. NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 TITLE **EVP** Change ☐ Addition NAME AMMAR, RAPHAEL NAME 47308 A COLLING AVE PVENTUA, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ů, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7/P CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.