

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011852

Entity Name: HURRY BRANDS, LLC

FILED
Jul 29, 2005
Secretary of State

Current Principal Place of Business:

327 PARK AVE. SOUTH
SUITE #3
NEW YORK, NY 10010 US

Current Mailing Address:

327 PARK AVE. SOUTH
SUITE #3
NEW YORK, NY 10010 US

New Principal Place of Business:

1375 BROADWAY
FLOOR THREE
NEW YORK, NY 10018 US

New Mailing Address:

1375 BROADWAY
FLOOR THREE
NEW YORK, NY 10018 US

FEI Number: 58-2636931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN, IRWIN
2101 NW CORPORATE BLVD
SUITE 414
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LEWIN, ERIKA
1900 CORPORATE BLVD. NW
EAST BUILDING, SUITE 300
BOCA RATON, FL 33431 US

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: ERIKA LEWIN

07/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DECKINGER, KEN
Address: 327 PARK AVE. SOUTH #3
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DECKINGER, KEN
Address: 1375 BROADWAY, FLOOR THREE
City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: KENNETH DECKINGER

MGR

07/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date