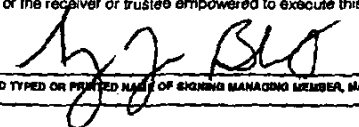


FILED
Jul 06, 2004 8:00 am
Secretary of State

05-03-2004 90144 040 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000002789					
1. Entity Name CATWALK DISTRIBUTION, LLC					
Principal Place of Business 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496		Mailing Address 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 201311477	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name: Blount, Gregory James Street Address (P.O. Box Number is Not Acceptable) 6040 N.W. 43rd Terrace City: Boca Raton FL Zip Code 33432		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOUNT, TRICIA 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOUNT, GREGORY 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
11. 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 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.					
SIGNATURE: 			Date: 4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					