2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# M08000000727

Entity Name: PAIVA WOMEN'S SPORTSWEAR, LLC

Current Principal Place of Business:

3308 N MITTHOEFFER RD
INDIANAPOLIS, IN 462352332

New Principal Place of Business:

3308 N MITTHOEFFER RD
ATTN: TAX DEPARTMENT
INDIANAPOLIS, IN 462352332

Current Mailing Address:

3308 N MITTHOEFFER RD
INDIANAPOLIS, IN 462352332

New Mailing Address:

3308 N MITTHOEFFER RD
ATTN: TAX DEPARTMENT
INDIANAPOLIS, IN 462352332

FEI Number: 32-0210033 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: COHEN, ALAN H
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: D (X) Delete
Name: SCHNEIDER, STEVEN J
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: EVP (X) Delete
Name: COHEN, GARY D
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: T (X) Delete
Name: WAMPLER, KEVIN S
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: VP (X) Delete
Name: SWENSON, BEAU J
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: LYON, GLENN S
Address: 3308 N MITTHOEFFER RD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOUG TODD DTAX 05/13/2009

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