

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000672**

1. Entity Name  
**HARD CANDY, L.L.C.**

APPROVED  
AND  
FILED

01 MAY -7 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**100 NORTH DOHENY DRIVE  
BEVERLY HILLS CA 90211**  
*1001 North Harper Avenue, Ste. 208  
Los Angeles, CA 90048-2224 — Same*

Mailing Address  
**100 NORTH DOHENY DRIVE  
BEVERLY HILLS CA 90211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1001 N. Harper Avenue**  
*(Suite) Apt. #, etc.  
208*

3. Mailing Address  
**1001 N. Harper Avenue**  
*(Suite) Apt. #, etc.  
208*

City & State  
**Los Angeles, CA**

City & State  
**Los Angeles, CA**

Zip  
**90048-2224**

Country

Zip  
**90048-2224**

Country

**USA**

4. FEI Number **95-4741050**

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  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CHOEL, PATRICK 1 E 57TH ST NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DE WARREN, RICHARD 1 E 57TH ST NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DESIGNES, ELIZABETH 1 E 57TH ST NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300004341053--6**  
**-06/05/01--01013--022**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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: *Louise Forstone / Lvm H moer Hennessy Louis Vuitton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # *MAINE*