

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90098 004 \*\*\*\*50.00

00-1267

**DOCUMENT # M99000000672**

1. Entity Name

**HARD CANDY, L.L.C.**

Principal Place of Business

**661 NORTH HARPER AVE., STE. 208  
 LOS ANGELES CA 90048-2224**

Mailing Address

**661 NORTH HARPER AVE., STE. 208  
 LOS ANGELES CA 90048-2224**

**80042597**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **CHOEL, PATRICK**  
 STREET ADDRESS **1 E 57TH ST**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **MGR** ☐ Delete  
 NAME **DE WARREN, RICHARD**  
 STREET ADDRESS **1 E 57TH ST**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **MGR** ☒ Delete  
 NAME **DESIGNES, ELIZABETH**  
 STREET ADDRESS **1 E 57TH ST**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **19 E 57th St**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **19 E 57th St**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **MGR**  
 STREET ADDRESS **Jacques Mantz**  
 CITY-ST-ZIP **19 E 57th St New York, NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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), 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:

*[Signature]* **SIGNATURE REQUIRED**

**2/15/02**

**212 931 2707**

CR2E083 (9/01)