
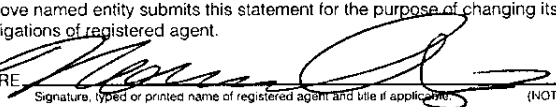
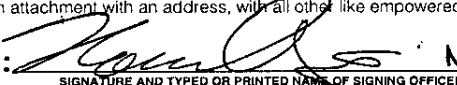


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90008 046 ***150.00

DOCUMENT # P00000091119 1. Entity Name JUDITH LAUREN, INC.			
Principal Place of Business 2800 NORTH FEDERAL HWY BOCA RATON, FL 33487		Mailing Address 2800 NORTH FEDERAL HWY BOCA RATON, FL 33487	
2. Principal Place of Business 21090 St. Andrews Blvd Suite, Apt. #, etc. B-1		3. Mailing Address 21090 St. Andrews Blvd. Suite, Apt. #, etc. B-1	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33433		Zip 33433	
Country Am Boca		Country Am Boca	
6. Name and Address of Current Registered Agent ARTZT, NORMAN 2800 NORTH FEDERAL HWY BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21090 St. Andrews Blvd, #B-1 City BOCA RATON FL Zip Code 33433	
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  DATE 2/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ARTZT, NORMAN STREET ADDRESS 2800 NORTH FEDERAL HWY CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE Change NAME 21090 St. Andrews Blvd #B-1 STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOWTHER, WILLIAM W JR STREET ADDRESS 890 JEFFREY STREET CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  NORMAN ARTZT, Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/13/04 Daytime Phone # 3613625226	