

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092013

FILED  
Aug 05, 2009  
Secretary of State

Entity Name: FASHION MALL MANAGING MEMBER CORP.

## Current Principal Place of Business:

433 FIFTH AVENUE, 2ND FLOOR  
NEW YORK, NY 10016 US

## New Principal Place of Business:

## Current Mailing Address:

433 FIFTH AVENUE, 2ND FLOOR  
NEW YORK, NY 10016 US

## New Mailing Address:

FEI Number: 20-1826481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASHKENAZY, BEN  
Address: 433 FIFTH AVENUE 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: SD (X) Delete  
Name: VALENTI, TOM  
Address: 321 NORTH UNIVERSITY DR  
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete  
Name: JOSEPH, JERRY  
Address: 41 STATE STREET SUITE 401  
City-St-Zip: ALBANY, NY 12207

Title: D (X) Delete  
Name: SKIBINSKY, JODIE  
Address: 41 STATE STREET SUITE 401  
City-St-Zip: ALBANY, NY 12207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN ASHKENAZY

PRES

08/05/2009

Electronic Signature of Signing Officer or Director

Date