

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037626

Entity Name: MOTIVE EYEWEAR, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE 27TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

2 SUNSHINE BLVD
ORMOND BEACH, FL 32174

Current Mailing Address:

1001 BRICKELL BAY DRIVE 27TH FLOOR
MIAMI, FL 33131

New Mailing Address:

2 SUNSHINE BLVD
ORMOND BEACH, FL 32174

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANEMANN, CHARLES
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: PSD () Delete
Name: HANEMANN, CHARLES
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: VAS (X) Delete
Name: TUSH, NELL
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: DE YO, BILL
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: KAHN, ANDREW
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: MINAYMNEH, SAMI
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ASCIK, MARK A
Address: 2 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: LANDORF, CHARLES D
Address: 2 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

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: C DUKE LANDORF

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date