2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400010004 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name VALENTINO BOUTIQUE PALM BEACH, INC. 09-12-2000 90004 038 ***550.00 Mailing Address Principal Place of Business 204 WORTH AVENUE 600 MADISON AVENUE 25TH FLOOR PALM BEACH FL 33480 NEW YORK NY 10022 MUUIUUV 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3810054 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its totangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE WICHNER, GEORGES CEO NAME NAME 600 MADISON AVENUE, 25TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MARKOWITZ, WAYNE NAME 600 MADISON AVENUE, 25TH FLOOR STREET ADDRESS STREET ADDRESS City-ST-ZIP-NEW YORK NY 10022 CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE ISTOK, ANGELA S NAME NAME 600 MADISON AVENUE, 25TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10022** CITY-ST-ZIP CITY-ST-ZIP DAS Change ☐ Addition TITLE TITLE ☐ Delete TUNICK, ANDREW J NAME NAME 600 MADISON AVENUE, 25TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK FL 10022 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP