

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049730

1. Entity Name
COSTUME WORLD - DEERFIELD, INC.Principal Place of Business
700 S FEDERAL HWY
DEERFIELD BEACH FL 33441Mailing Address
700 S FEDERAL HWY
DEERFIELD BEACH FL 334412. Principal Place of Business
950 S. FEDERAL Hwy3. Mailing Address
950 S. FEDERAL Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deerfield Bch, FLCity & State
Deerfield Bch, FLZIP
33441Country
BROWARDZIP
33441Country
BROWARD4. FEI Number
25-1703708Applied For
Not Applicable5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICK, MARILYNN A
2200 NW 32ND ST #1300
POMPANO BEACH FL 33069Name
WICK, MARILYNN A.

Street Address (P.O. Box Number is Not Acceptable)

950 S. FEDERAL Hwy

City
Deerfield BchFL
33441

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WICK, MARILYNN A. 2200 NW 32ND ST. #1300 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WICK, MARILYNN A. 950 S. FEDERAL Hwy Deerfield Bch FL	<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
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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

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.

SIGNATURE: *McAfee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/01-954-418-0308

Date

Daytime Phone #

CR2E034 (10/00)