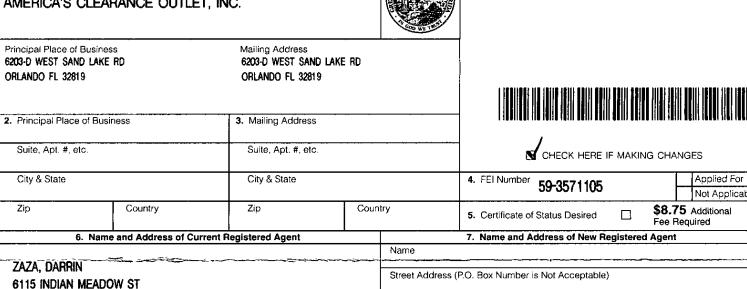
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P99000038071 DOCUMENT #

1. Entity Name

AMERICA'S CLEARANCE OUTLET, INC.



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.

City

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

ORLANDO FL 32819

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

FILED

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90161 033 \*\*\*150.00

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE ZAZA, DARRIN S NAME NAME 6115 INDIAN MEADOW ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition zaza. Brian NAME NAME 4066 BROOKMYRA DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP \_ Delete ---Change ☐ Addition TITLE TITEF. SANTORINI, ANGELO NAME NAME STREET ADDRESS 8 APPLETON AVE STE 201 STREET ADDRESS CITY-ST-ZIP TORONTO ONTARIO, CANADA M6-E3A3 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE ZAZA, FRED NAME NAME 7821 MALL ORCA CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.03 407 310 3.388

CR2E034 (10/02)