FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071337

1. Entity Name
Fashion Bug #3356, Inc.

FILED
02 MAR 18 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
4429 Commons Drive E.	3750 State Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Corp Tax Dep.
City & State: Destin FL	City & State: Bensalem PA
Zip: 32541 Country:	Zip: 19020 Country:

DO NOT WRITE IN THIS SPACE 02/27/02 90017 001 #150.00

4. FEI Number: 23-3031011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number Is Not Acceptable): 1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Bern, Barrit	NAME	
STREET ADDRESS	450 Winks Lane	STREET ADDRESS	
CITY-ST-ZIP	Bensalem PA 19020	CITY-ST-ZIP	
TITLE	VTSD	TITLE	
NAME	Speaker, Eric	NAME	
STREET ADDRESS	450 Winks Lane	STREET ADDRESS	
CITY-ST-ZIP	Bensalem PA 19020	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	Bern, Barrit	NAME	
STREET ADDRESS	450 Winks Lane	STREET ADDRESS	
CITY-ST-ZIP	Bensalem PA 19020	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Sullivan, John	NAME	
STREET ADDRESS	450 Winks Lane	STREET ADDRESS	
CITY-ST-ZIP	Bensalem PA 19020	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John Sullivan 1/7/02 (215)633-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #