


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90501 001 \*\*\*300.00

<b>DOCUMENT # S00049</b> 1. Entity Name MANUFACTURER'S MALL OF OCALA, INC.	
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66419860

Principal Place of Business 7000 WEST PALMETTO PARK ROAD #408 BOCA RATON, FL 33433 US	Mailing Address C/O KONOVER & ASSOC SOUTH INC 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433
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2. Principal Place of Business 7000 West Palmetto Park Road	3. Mailing Address 7000 West Palmetto Park Road
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip	Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0235651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KONOVER, SIMON 7000 W PALMETTO PK RD SUITE 408 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSEN, JONATHAN P. 40 E 69 ST NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS ASHENFELTER, MARIA 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANIAK, SUSAN A 342 N MAIN ST STE 200 WEST HARTFORD, CT 06117 <input checked="" 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	COOV COMBS, GREGORY V 7000 WEST PALMETTO PARK RD., STE. 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Gregory V. Combs**  
Executive Vice President, COO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #