2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S99052

Entity Name
 JONAS BUSTER BROWN, INC.

Principal Place of Business

BOCA RATON, FL 33433

21073 POWERLINE RD

SUITE 37



Mailing Address

21073 POWERLINE RD

SUITE 37 BOCA RATON, FL 33433

FILED May 03, 2004 08:00 AM Secretary of State



04302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0300228 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONAS, ARTHUR 21073 POWERLINE RD STE 37 BOCA RATON, FL 3343;

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| BOCA RATON, FL 33433 | | | IN THIS SPACE | | | |
|--|---|--|---------------|--------------------------------|------------------------------------|--------------------|
| | named entity submits this statement for the pions of registered agent. | | | egistered agent, or bo | DATE | r with, and accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | U00000153366 05/04/04-80124-018 | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT D JONAS, IRVING 137 GOLDEN ISLES DR HALLANDALE, FL VPD JONAS, ARTHUR 6070 VERDE TRAIL S UNIT 605 BOCA RATON, FL 33433 | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | | NOT WRITE THIS SPACE | |

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 expowered 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!

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

HE AND TYPED OF PRINTED NAME OF SIGNING

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