FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am V11418 Secretary of State DOCUMENT # 1. Entity Name 02-11-2002 90041 011 ***150 00 LEE'S SHOES, INC. Principal Place of Business Mailing Address 5320 NW 78 AVENUE 5320 NW 78 AVENUE DUUZZUJU LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0314765 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARK, JUNG S. Street Address (P.O. Box Number is Not Acceptable) 5320 NW 78 AVENUE LAUDERHILL FL 33351 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) TITLE TITLE Change ☐ Addition ☐ Delete PARK, JUNG S NAME NAME CR2E034 5320 NW 78 AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PARK, KYONS S. NAME NAME 5320 NW 78 AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empoy