

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005287

**FILED**  
**Dec 01, 2004**  
**Secretary of State**

**Entity Name:** EASTBAY RETAIL VENTURES, INC.

**Current Principal Place of Business:**

332 2ND ST.  
OAKLAND, CA 94607

**New Principal Place of Business:**

**Current Mailing Address:**

332 2ND ST.  
OAKLAND, CA 94607

**New Mailing Address:**

**FEI Number:** 94-3221847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTH, DEBORAH  
14348 TAMBORINE DR  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

SOUTH, TOM  
14348 TAMBORINE DR  
ORLANDO, FL 32837 US

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: TOM SOUTH

12/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAJUA, MARGARET  
Address: 1150 ESTATES DR  
City-St-Zip: LAFAYETTE, CA 94549

Title: CFO ( ) Delete  
Name: WEINGARTEN, DAVID  
Address: 1150 ESTATES DR  
City-St-Zip: LAFAYETTE, CA 94549

Title: VPD ( ) Delete  
Name: WEINGARTEN, DAVID  
Address: 1150 ESTATES DR  
City-St-Zip: LAFAYETTE, CA 94549

Title: DS ( ) Delete  
Name: HOWARD, LUCIA  
Address: 1150 ESTATES DR  
City-St-Zip: LAFAYETTE, CA 94549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET MAJUA

P

12/01/2004

Electronic Signature of Signing Officer or Director

Date