

United States Bankruptcy Court District of DELAWARE PROOF OF CLAIM

Name of Debtor MARIANNE USPR INC Case Number 10-13030-KJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): STATE OF FLORIDA - DEPARTMENT OF REVENUE

Check this box to indicate that this claim amends a previously filed claim.

Name and Address where notices should be sent: BANKRUPTCY SECTION POST OFFICE BOX 6668 TALLAHASSEE, FLORIDA 32314-6668 TELEPHONE (850) 717-6998 CLAIMANTS ATTORNEY FREDERICK F. RUDZIK P.O. BOX 6668 TALLAHASSEE FL 32314-6668 TELEPHONE (850)617-8347

RECEIVED FEB 28 2011 BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and Address where payments should be sent: (if different from above)

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

Telephone Number:

1. Amount of Claim as of Date Case Filed: \$ 1,468.03

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

2. Basis for Claim: UNEMPLOYMENT (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 2193

Wages, salaries, or commissions (up to \$10,950), *earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

3a. Debtor may have scheduled account as: (See instruction # 3a on reverse side.):

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

4 Secured Claim. (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Up to \$2,425* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secure claim,

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 250.00

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support this claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain.

Amount entitled to priority: \$ 1,218.03

Claim Comment Text:

*Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 02/22/2011

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

TERESA BEASLEY REVENUE SPECIALIST (850)717-6998

Teresa Beasley

Urban Brands



00742



Legal Claims Summary Sheet Pre-Petition Claims

DR 88
R.07/01

New Case
 Prior Case

 Out-of-State
Case Code

Taxpayer's Name MARIANNE USPR INC		Location of Court WILMINGTON - ECF DELAWARE	
Business Name MARIANNE USPR INC		Bankruptcy Case Number 10-13030-KJC	
Address 100 METRO WAY		Chapter Number 11	Petition Date 09/21/2010
City SECAUCUS NJ 07094		Account Number 0001665259	
Tax Type UNEMPLOYMENT		Date Business Close/Date Converted	

Period Due	Tax Amount	Document Type	Contract Object	R-Itm/Court/ Admin Fees	Penalty	Interest	Warrant Number
06/09	693.80	Estimate	14437642	0.00	50.00	8.67	
09/09	100.00	Estimate	14437642	0.00	50.00	6.66	
12/09	100.00	Estimate	14437642	0.00	50.00	4.70	
03/10	100.00	Estimate	14437642	0.00	50.00	2.97	
06/10	100.00	Estimate	14437642	0.00	50.00	1.23	
09/10	100.00	Estimate	14437642	0.00	0.00	0.00	

TOTAL: TAX: \$ 1,193.80 PENALTY: \$ 250.00 INTEREST: \$ 24.23

Amended Claim:
 Supersedes claim for \$ 0.00

 Dated _____
 Adj. \$ 0.00

Court Costs/Sheriff Fee	\$ 0.00
Returned Check Fee	\$ 0.00
Administration Fees	\$ 0.00
Total of Claim	\$ 1,468.03

Unsecured Priority Claim Secured Claim

Date Tax Lien Filed

1) _____ Trustee's Name _____

2) _____

3) _____ Trustee's Address _____

4) _____

5) _____ City _____ State _____ Zip _____

MARK COLLINS D
 Attorney's Name
PO BOX 551
 Attorney's Address
WILMINGTON DE 19899
 City State Zip
302-651-7531
 Attorney's Phone No.



Executive Director
Lisa Vickersi

STATE OF FLORIDA
DEPARTMENT OF REVENUE

Bankruptcy Section – Office of General Counsel
P.O. Box 6668.
Tallahassee, Florida 32399-6668
(850) 922-9887

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

February 22, 2011

DEAR CLAIMS AGENT:

PLEASE ACKNOWLEDGE RECEIPT OF CLAIMS FILED IN THE AMOUNT OF **\$833.00** FOR DEPARTMENT OF REVENUE SALES TAX AND **\$1468.03** FOR DEPARTMENT OF REVENUE UNEMPLOYMENT TAX DATED **02/22/2011** BY SIGNING BELOW AND FAXING TO 850-245-5988.

THANK YOU,

TERESA BEASLEY

STATE OF FLORIDA, DEPARTMENT OF REVENUE
BANKRUPTCY SECTION
POST OFFICE BOX 6668
TALLAHASSEE, FLORIDA 32314-6668

ACKNOWLEDGEMENT OF CLAIM RECEIVED BY