| Form PTO 1594 (Pov. 03.11) 11/08/2                                                             | 2011 U.S. DEPARTMENT OF COMMERCE                                                                                                                                        |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form PTO-1594 (Rev. 03-11) OMB Collection 0651-0027 (exp. 03/3                                 | United States Patent and Trademark Office                                                                                                                               |
|                                                                                                | III IIII IIII IIII IIII IIII IIII IIII IIII                                                                                                                             |
| 103636                                                                                         | 131                                                                                                                                                                     |
| To the Director of the U. S. Patent and глацетагк Office: Plea                                 | se record the attached documents or the new address(es) below.                                                                                                          |
| 1. Name of conveying party(ies):                                                               | 2. Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached?                                                                      |
| Bank of America, N.A.                                                                          | Name: Perry Ellis International, Inc.                                                                                                                                   |
| ☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership                      | Internal Address: Street Address: 3000 N.W. 107th Avenue                                                                                                                |
| Corporation- State:  State:                                                                    | City: Miami State: Florida                                                                                                                                              |
| Citizenship (see guidelines) <u>USA</u> Additional names of conveying parties attached? Yes No | Country: USA Zip: 33172                                                                                                                                                 |
| 3. Nature of conveyance )/Execution Date(s) :                                                  | General Partnership Citizenship                                                                                                                                         |
| Execution Date(s) March 10 ,2006                                                               | Limited Partnership Citizenship                                                                                                                                         |
| Assignment Merger                                                                              | Other Citizenship                                                                                                                                                       |
| Security Agreement Change of Name  Other Release of Security (see attached)                    | If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) |
| 4. Application number(s) or registration number(s) and A. Trademark Application No.(s)         | d identification or description of the Trademark.  B. Trademark Registration No.(s)                                                                                     |
|                                                                                                | (See attached letter listing 26 registrations)                                                                                                                          |
| C. Identification or Description of Trademark(s) (and Filing                                   | Additional sheet(s) attached? Yes No  Date if Application or Registration Number is unknown):                                                                           |
| 5. Name & address of party to whom correspondence concerning document should be mailed:  Name: | 6. Total number of applications and registrations involved:                                                                                                             |
| Internal Address: Suite 1400                                                                   | 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$665.00                                                                                                                         |
| Street Address: Broad and Cassel 390 N. Orange Avenue                                          | Authorized to be charged to deposit account  Enclosed                                                                                                                   |
| City:_Orlando                                                                                  | 8. Payment Information:                                                                                                                                                 |
| State: Florida Zip: 32801                                                                      |                                                                                                                                                                         |
| Phone Number: 407-839-4200                                                                     | Deposit Account Number _504460                                                                                                                                          |
| Fax Number: 407-650-0943                                                                       | Authorized User Name Douglas E. Starcher                                                                                                                                |
| Email Address: dstarcher@broadandcassel.com                                                    |                                                                                                                                                                         |
| 9. Signature:                                                                                  | 11/68/22)/1/LEE11 00000015 5044 0 1317089                                                                                                                               |
| ' Signature                                                                                    | 61 FC:8521 Date 40.00 DA                                                                                                                                                |
| Douglas E. Starcher, P.A.  Name of Person Signing                                              | Total number of pages including covers 100 13 sheet attachments, and document:                                                                                          |

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Douglas E. Starcher, P.A. Name of Person Signing

# 2. Name and address of receiving party(ies) CONTINUED:

PEI LICENSING, INC. 3000 N.W. 107<sup>th</sup> Avenue Miami, Florida 33172

Delaware corporation

JANTZEN APPAREL, LLC 3000 N.W. 107<sup>th</sup> Avenue Miami, Florida

Delaware limited liability company



BANK OF AMERICA CENTER 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801 TELEPHONE: 407.435.8377 WWW.BROADANDCASSEL.COM

DOUGLAS E. STARCHER, P.A.
DIRECT LINE: 407.839,4208
DIRECT FACSIMILE: 407.650.0943
EMAIL: DSTARCHER@BROADANDCASSEL.COM

November 2, 2011

#### **VIA FEDERAL EXPRESS**

Director of the US Patent and Trademark Office Assignment Recordation Services Building Randolph Square 2800 S. Randolph St., Mail Room 3rd Floor Arlington, Virginia 22206

Re: Release of Security Agreement

Dear Sir of Madam:

Enclosed for filing is a Release of Security Interest in Trademarks relating to the security agreement recorded on **Reel/Frame: 3184/0848** for the following registration numbers:

#### **TRADEMARK**

#### **REGISTRATION NO.**

|                        | 36    | 1,317,089 |
|------------------------|-------|-----------|
| Crossings              | 25    |           |
| Perry Ellis            | 03    | 1,416,338 |
| Perry Ellis            | 09    | 1,704,748 |
| Perry Ellis            | 18    | 1,739,844 |
| Perry Ellis            | 24    | 1,447,578 |
| Perry Ellis            | 25    | 1,448,617 |
| Perry Ellis            | 25    | 1,249,025 |
| Perry Ellis            | 25    | 1,428,486 |
| Grand Slam             | 18    | 2,151,550 |
| Grand Slam             | 25    | 1,418,434 |
| Grand Slam             | 25    | 873,862   |
| Grand Slam             | 24    | 1,710,101 |
| Grand Slam (stylized)  | 25    | 629,148   |
| Munsingwear            | 25    | 510,271   |
| Munsingwear            | 25    | 2,011,287 |
| Natural Issue          | 25    | 2,222,989 |
| Natural Issue & design | 25    | 2,186,104 |
| Natural Issue          | 25    | 1,690,250 |
| Crossings              | 25    | 2,349,606 |
| John Henry             | 25    | 996,837   |
| John Henry             | 09    | 1,320,443 |
| John Henry             | 18,25 | 2,797,612 |
| Manhattan (stylized)   | 25    | 103,906   |
| Manhattan (New Logo)   | 25    | 1,411,407 |
| Manhattan (stylized)   | 25    | 429,687   |
| Manhattan (stylized)   | 25    | 140,890   |

BOCA RATON • DESTIN • FT. LAUDERDALE • MIAMI • ORLANDO • TALLAHASSEE • TAMPA • WEST PALM BEACH 4834-4287-8473.1 18923/0001

Director of the US Patent and Trademark Office November 2, 2011 Page 2

Please feel free to contact me if you have any questions or need further information.

Sincerely yours,

Douglas E. Starcher, P.A.

DES/dpr

cc: Nina Gordon, P.A.

### **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being sent by Federal Express to the United States Patent and Trademark Office on November 2, 2011.

Douglas É. Starcher, P.A. Dated: November 2, 2011

### RELEASE OF SECURITY INTEREST IN RELEASED TRADEMARKS

FOR VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, BANK OF AMERICA, N.A. ("Secured Party"), Perry Ellis International, Inc. ("Perry Ellis"), PEI Licensing, Inc. ("PEI") and Jantzen Apparel, LLC ("Jantzen," and collectively with Perry Ellis and PEI, the "Assignors"), hereby:

1. Secured Party hereby releases the security interest held by it pursuant to the Trademark Security Agreement, dated as of June 15, 2005, between Perry Ellis and Secured Party; the Trademark Security Agreement, dated as of June 15, 2005, between PEI and Secured Party; and the Trademark Security Agreement, dated as of June 15, 2005, between Jantzen and Secured Party, in the following:

All of Assignors' right, title and interest in and to the trademarks, tradenames and applications listed on Exhibit A attached hereto and renewals thereof, and all income, royalties, damages and payments now or hereafter due and/or payable under or with respect to any of the foregoing, including, without limitation, damages and payments for past, present and future infringements of any of the foregoing and the right to sue for past, present and future infringements of any of the foregoing (collectively, the "Released Trademarks").

- Assignors hereby agree that, for purposes of enabling Secured Party to exercise its rights and remedies under the agreements related to the letter of credit facility, as amended (together, the "Facility Agreement"), each of the Assignors hereby grants to Secured Party an irrevocable, non-exclusive license (exercisable at any time an event of default (as such term is defined in the Facility Agreement) under the Facility Agreement shall exist or shall have occurred and for so long as such event of default is continuing) without payment of royalty or other compensation to any Assignor, to use, license or sublicense any of the Released Trademarks.
- 3. Secured Party further agrees to promptly execute and deliver all further instruments and documents, and to take all further action, that may be necessary or desirable, or that Assignors may reasonably request, in order to terminate Secured Party's security interest in and to the Released Trademarks. Without limiting the generality of the foregoing, Secured Party authorizes Perry Ellis to file (a) an amendment to Financing Statement No. 200509955337 in the State of Florida in the form attached hereto as <a href="Exhibit B">Exhibit B</a>, and (b) such other notices and instruments as may be necessary or desirable or as Assignors may see fit in order to terminate Secured Party's security interest in and to the Released Trademarks.
- 4. Secured Party further authorizes and directs Assignors, at their sole expense, to file in each and every jurisdiction as Assignors see fit such notices of termination and other documents necessary to terminate Secured Party's security interest in the Released Trademarks.

This Release of Security Interest in Released Trademarks shall be governed by, and construed in accordance with, the laws of the State of Florida.

MIA1\CORPSEC\345272.2

The undersigned have caused this Release of Security Interest in Released Trademarks to be duly executed and delivered by its officers, duly authorized, as of the 10th day of March, 2006.

| Bank of America, Kan M. A.                                           |
|----------------------------------------------------------------------|
| By: Brian K Keeners Name: Bejan K KEENEY Title: Senior Vice Prendent |
|                                                                      |
| Perry Ellis International, Inc.                                      |
| By:   Name:   Note Presudent Finance:  Title:                        |
| PEI Licensing, Inc.                                                  |
| By: Program S. Thudeau Name: Name: Not prosper finance Title:        |
| Jantzen Apparel, LLC                                                 |
| By: Roseman Triouse<br>Title: Roseman Triouse                        |

# EXHIBIT A TO BANK OF AMERICA RELEASE

# PERRY ELLIS INTERNATIONAL, INC. TRADEMARKS

| TRADEMARK   | CLASS | REG. NO./APPLIC. NO. |
|-------------|-------|----------------------|
| PERRY ELLIS | 25    | 76/390,200           |

# PEI LICENSING, INC. TRADEMARKS

| TRADEMARK              | CLASS(ES) | REG. NO./APPLIC. NO. |
|------------------------|-----------|----------------------|
| Crossings              | 25        | 1,317,089            |
| Perry Ellis            | 03        | 1,416,338            |
| Perry Ellis            | 09        | 1,704,748            |
| Perry Ellis            | 18        | 1,739,844            |
| Perry Ellis            | 24        | 1,447,578            |
| Perry Ellis            | 25        | 1,448,617            |
| Perry Ellis            | 25        | 1,249,025            |
| Perry Ellis            | 25        | 1,428,486            |
| Grand Slam             | 18        | 2,151,550            |
| Grand Slam             | 25        | 1,418,434            |
| Grand Slam             | 25        | 873,862              |
| Grand Slam             | 24        | 1,710,101            |
| Grand Slam (stylized)  | 25        | 629,148              |
| Munsingwear            | 25        | 510,271              |
| Munsingwear            | 25        | 2,011,287            |
| Natural Issue          | 25        | 2,222,989            |
| Natural Issue & design | 25        | 2,186,104            |
| Natural Issue          | 25        | 1,690,250            |
| Crossings              | 25        | 2,349,606            |
| John Henry             | 25        | 996,837              |
| John Henry             | 09        | 1,320,443            |
| John Henry             | 18,25     | 2,797,612            |
| Manhattan (stylized)   | 25        | 103,906              |
| Manhattan (New Logo)   | 25        | 1,411,407            |
| Manhattan (stylized)   | 25        | 429,687              |
| Manhattan (stylized)   | 25        | 140,890              |

# JANTZEN APPAREL CORP. TRADEMARKS

| TRADEMARK | CLASS | REG. NO./APPLIC. NO. |  |  |
|-----------|-------|----------------------|--|--|
| JANTZEN   | 18    | 2,197,656            |  |  |
| JANTZEN   | 25    | 2,065,889            |  |  |
| JANTZEN   | 09    | 825,722              |  |  |
| JANTZEN   | 25    | 842,511              |  |  |

A-1

# LICENSES OF TRADEMARKS

| Licensee                          | Trademark   | Category                       |  |  |
|-----------------------------------|-------------|--------------------------------|--|--|
| ABERDEEN SPORTSWEAR, INC.         | Perry Ellis | Men's Outerwear                |  |  |
| AMERICAN UTEX INTERNATIONAL       | Perry Ellis | Women's Coats and Outerwear    |  |  |
| LIMITED                           |             |                                |  |  |
| AMIEE-LYNN ACCESSORIES, INC.      | Perry Ellis | Women's Belts and Cold Weather |  |  |
| ,                                 |             | Accessories                    |  |  |
| J.A. BESNER & SONS LTD            | Perry Ellis | Boy's and Girl's Sportswear,   |  |  |
|                                   |             | Boy's Tailored Clothing        |  |  |
| COBRA INTERNATIONAL               | Perry Ellis | Men's Slippers                 |  |  |
| DORFMAN-PACIFIC CO., INC.         | Perry Ellis | Men's Hats                     |  |  |
| V. FRAAS USA, INC.                | Perry Ellis | Men's Scarves                  |  |  |
| GENESCO                           | Perry Ellis | Men's Dress and Dress Casual   |  |  |
| ,                                 |             | Footwear                       |  |  |
| HARTMARX CORPORATION              | Perry Ellis | Men's Tailored Suits, Trousers |  |  |
|                                   |             | and Sport Jackets              |  |  |
| ISACO INTERNATIONAL, INC.         | Perry Ellis | Men's Loungewear, Boxers,      |  |  |
|                                   |             | Hosiery and Underwear          |  |  |
| LANTIS EYEWEAR                    |             | Men's and Women's Sunglasses   |  |  |
| OXFORD OPHTHALMIC CORP.           | Perry Ellis | Men's and Women's Ophthalmic   |  |  |
|                                   | · ·         | Eyewear                        |  |  |
| PARLUX FRAGRANCES, INC.           | Perry Ellis | Men's and Women's Fragrances   |  |  |
| SEIKO INSTRUMENTS U.S.A.          | Perry Ellis | Men's and Women's Watches      |  |  |
| SUPERBA, INC.                     | Perry Ellis | Men's Neckwear                 |  |  |
| WEST MILL CLOTHES, INC.           | Perry Ellis | Men's Formalwear               |  |  |
| WESTPORT CORP.                    | Perry Ellis | Men's Small Leather Goods      |  |  |
| TROPI-TRACKS, LLC                 | Jantzen     | Shoes                          |  |  |
| FALCON FOOTWEAR                   | John Henry  | Shoes                          |  |  |
| FISHMAN & TOBIN                   | John Henry  | Boys wear                      |  |  |
| RANDA CORPORATION                 | John Henry  | Neckwear                       |  |  |
| ISACO INTERNATIONAL               | John Henry  | Boxers, Hosiery and Loungewear |  |  |
| PREMIUMWEAR                       | Munsingwear | Knit and Woven Shirts          |  |  |
| KNOTHE                            | Munsingwear | Underwear                      |  |  |
| WINONA KNITTING MILLS (Hampshire) | Munsingwear | Sweaters                       |  |  |
| SOCKYARD, INC.                    | Munsingwear | Socks                          |  |  |
|                                   | Grand Slam  |                                |  |  |
| PREMIUM WEAR                      | Munsingwear | Knits and Woven Shirts         |  |  |

# EXHIBIT B TO BANK OF AMERICA RELEASE

| MITTIGH WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11180 (305) 3/3-9421                                                                        | 1                                                     | 1                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
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| B. SEND ACKNOWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EDGEMENT TO:                                                                                |                                                       | 1                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| Name Miriam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alfonso, Esq.                                                                               |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| Address Broad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and Cassel                                                                                  |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cayne Tower, 21st Fl. Biscayne Boulevard                                                    | oor                                                   |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| City/State/Zip Mian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| - i - K in Tricking in the little in the lit |                                                                                             |                                                       | THE ABOV                             | E SPACE IS FOR FI                              | LING OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ICE USE                 | YUNC            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NCING STATEMENT FILE #                                                                      | 11                                                    |                                      | NCING STATEMENT<br>(or recorded) in the R      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 200509955                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 337                                                                                         |                                                       | [for record]                         | (or recorded) in the K                         | EAL ESTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TE RECOI                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORD INFORMATION - DEBT                                                                      | OR NAME - INSERT ONLY                                 | ONE DEBTOR NA                        | ME (2a OR 2b)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 2a. ORGANIZATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <sup>N'S NAME</sup> PERRY ELLIS                                                             | S INTERNATIONA                                        | L, INC.                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 2b. INDIVIDUAL'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST NAME                                                                                   | FIRST NAME                                            |                                      | MIDDLE NA                                      | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | SUFFI           |
| 3 CURRENT PEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORD INFORMATION - SECU                                                                      | IRED PARTY NAME - INS                                 | ERT ONLY ONE S                       | ECURED PARTY NA                                | ME (3a OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R 3b)                   | L               |
| Ja. ORGANIZATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE MARKE                                                                                   |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 3b. INDIVIDUAL'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STAND BANK OF AME                                                                           | FIRST NAME                                            |                                      | MIDDLE NA                                      | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | SUFFE           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATION: Effectiveness of the Financ                                                          | ing Statement identified above i                      | s terminated with resp               | ect to security interest                       | t(s) of the Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ecured Part             | i               |
| authorizing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | this Termination Statement.                                                                 |                                                       |                                      | 4                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 5. CONTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UATION: Effectiveness of the Finar                                                          | noing Statement identified above                      | with respect to secu                 | ity interest(s) of the Se                      | ecured Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | authorizin              | ŗ               |
| this Continu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | istion Statement is continued for the a                                                     | dditional period provided by ap                       | olicable law.                        | ,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| ASSIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MENT (full or partial): Give name of                                                        | assignce in item 9a or 9b and ac                      | ldress of assignee in i              | tem 9c; and also give i                        | name of assi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ignor in iter           | n 11.           |
| AGGIGIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 123111 (tan of partial), orto mano of                                                       |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 7. AMENDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MENT (PARTY INFORMATION):                                                                   | This Amendment affects                                | Debtor or S                          | ecured Party of record                         | . Check only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | y <u>one</u> of the     | se two oc       |
| i i i a alamatan na n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the following three boxes and pr                                                            | ovida anaronriste informa                             | tion in items 8 and                  | i/or 9.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| CHANGE n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ame and/or address: Give current reco                                                       | rd name in item 8a or 8b;                             | DELETE name: Of                      | ve record name y                               | ADD na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | me: Compl               | te item 9       |
| Also give ner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | v name (if name change) in item 9a or                                                       | 9b and/or new address                                 | to be deleted in item                | 8a or 8b. 1                                    | and 9c; a applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lso comple<br>e).       | e nems 9        |
| (if address ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ange) in item 9c.                                                                           |                                                       |                                      |                                                | NO CONTROL OF THE PARTY OF THE |                         | NI DO DE PENSON |
| 8. CURRENT REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ORD INFORMATION - INSER                                                                     | T ONLY ONE NAME (82 OR                                | 8b) - Do Not Abbrev                  | viate or Combine Name                          | ės                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                 |
| 8a. ORGANIZATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IN'S NAME                                                                                   |                                                       | •                                    | •                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 8b. INDIVIDUAL'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST NAME                                                                                   | FIRST NAME                                            |                                      | MIDDLE NA                                      | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | SUFFL           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                       |                                      | All witte on Combin                            | a Nomac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                 |
| 9a. ORGANIZATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR ADDED INFORMATION: -                                                                     | INSERT ONLY ONE NAME (                                | Ja OR 9b) - Do Not                   | Addreviate or Combin                           | e Names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                 |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                       |                                      | MIDDLE NA                                      | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b></b>                 | SUFFI           |
| 9b. INDIVIDUALS'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST NAME                                                                                   | FIRST NAME                                            |                                      | MIDDLE NA                                      | TATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                 |
| 9c. MAILING ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESS                                                                                        | CITY                                                  |                                      | STATE                                          | POSTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CODB                    | COUN            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | 9e.TYPE OF ORGANIZATI                                 | ON THE IT IS IS DIC                  | CTION OF ORGANIZ                               | ATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9g. ORGAI               | VIZATIO         |
| 9d. TAX ID#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | REQUIRED ADD'L INFO<br>RE: ORGANIZATION                                                     | YELLIFD OF ORGANIZALI                                 | 91. JONIODIC                         | 7101101 010111                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                       | Γ               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DERTOR                                                                                      |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| 10. AMENDMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEBTOR  (COLLATERAL CHANGE): deleted or  added, or give entire                              | check only one box.                                   |                                      | . 6                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | restated collateral descri                            | apnon, or describe oc                | manar ( assigned                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
| See attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Exhibit A.                                                                               |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | •                                                     |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                       |                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | Jakan           |
| II. NAME OF SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CANDED BARTY OF DECORD                                                                      | AUTHORIZING THIS A                                    | MENDMENT (nar                        | me of assignor, if this                        | is an Assign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nment). If the          | is is an a      |
| authorized by a Debto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CURED PARTY OF RECORD or, which adds collateral or adds the a                               | AUTHORIZING THIS Al authorizing Debtor, or if this is | MENDMENT (nar<br>a Termination autho | ne of assignor, if this                        | is an Assign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nment). If the and ente | nis is an A     |
| authorized by a Debto<br>authorizing this Amen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CURED PARTY OF RECORD or, which adds collateral or adds the addrent.                        | authorizing Debtor, or it this is                     | MENDMENT (nar<br>a Termination autho | ne of assignor, if this rized by a Debtor, che | is an Assign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nment). If the and ente | nis is an A     |
| 11. NAME OF SEA authorized by a Debte authorizing this Amen 11a. ORGANIZATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CURED PARTY OF RECORD or, which adds collateral or adds the a diment. ON'S NAME BANK OF AME | authorizing Debtor, or it this is                     | a Termination autility               | ne of assignor, if this rized by a Debtor, che |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nment). If the and ente | nis is an A     |

STATE OF FLORIDA UNIFORM COMMERCIAL CODE

FINANCING STATEMENT AMENDMENT FORM
A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON

12. OPTIONAL FILER REFERENCE DATA 18923.0031

# STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT AMENDMENT FORM - ADDENDUM

13. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 200509955337

| 14. NAME of PARTY AUTHORIZING | THIS AMENDMENT | (same as item 11 ou | Amendment form) |
|-------------------------------|----------------|---------------------|-----------------|
| 14a. ORGANIZATION'S NAME      |                |                     |                 |
| BANK OF AMERICA, N            | .A.            |                     |                 |
| 14b. INDIVIDUAL'S LAST NAME   | FIRST NAME     | MIDDLE NAME         | SUFFIX          |

THE ABOVE SPACE IS FOR FILING OFFICE US

15. Use this space for additional information.

# **EXHIBIT A TO UCC-1 Financing Statement**

Debtor:

Perry Ellis International, Inc., a Florida corporation

Secured Party:

Bank of America, N.A.

#### Collateral Description:

(a) all Accounts; (b) all Chattel Paper; (c) all Contracts; (d) all Documents; (e) all Fixtures; (f) all General Intangibles(with the exception of trademarks, service marks, trade names, trade styles, trademark and service mark applications, and licenses and rights to use any of the foregoing, all extensions, renewals, reissues, divisions, continuations, and continuations-in-part of any of the foregoing, all rights to sue for past, present and future infringement of any of the foregoing); (g) all Goods and interests in property of any kind, nature and description whatsoever, whether tangible or intangible; (h) all instruments; (i) all Inventory; (j) all Investment Property; (k) all Debtor Accounts, Concentration Accounts, Disbursement Accounts, and all other deposit and other accounts and all deposits therein; (1) all money, cash or cash equivalents of Debtor; (m) all Documents of Title; (n) Commercial Tort Claims; (o) all letter of credit rights, (p) Equipment, (q) Health Care Receivables, and (r) all additions and accessions to, substitutions for, and replacements, products and proceeds of the foregoing property, including, without limitation, proceeds of all insurance policies insuring the foregoing property, and all of Debtor's books and records relating to any of the foregoing and to Debtor's business (collectively, the "Collateral").

"Accounts" means all accounts, accounts receivable, contract rights, notes, bills, acceptances, choses in action, chattel paper, instruments, documents, and other forms of obligations at any time owing to Debtor, and all "Accounts," as that term is defined in the Code, the proceeds thereof and all of the Debtor's rights with respect to any goods represented thereby, whether or not delivered, goods returned by customers and all rights as unpaid vendor or lienor, including rights of stoppage in transit and of recovering possession by proceedings including replevin and reclamation, together with all customer lists, books and records, ledger and account cards, computer tapes, disks, printouts and records, whether now in existence or hereafter created, relating to Accounts.

"Chattel Paper" means all writing or writings which evidence both a monetary obligation and a security interest in or the lease of specific goods and in addition includes all property included in the definition of "chattel paper" as used in the Code, together with any guaranties, letters of credit and other security therefor.

"Code" means the Uniform Commercial Code, as in effect in Florida and in any other jurisdiction, as applicable, from time to time.

"General Intangibles" means all intangible personal property (including things in action) except Accounts, Chattel Paper and instruments (as defined in the Code), including all contract rights, patents, patent drawings, designs, formulas, rights to a Person's name

itself, customer lists, rights to all prepaid expenses, marketing expenses, rights to receive future contracts, fees, commissions and orders relating in any respect to any business of a Person, all licenses and permits, all computer programs and other software owned by a Person, or which a Person has the right to use, and all rights for breach of warranty or other claims for funds to which a Person may be entitled, and in addition includes all property included in the definition of "general intangibles" as used in the Code.

"Inventory" means all goods, merchandise and other personal property of a Person which is held for sale or lease or furnished or to be furnished under a contract for services or raw materials, and all work in process and materials used or consumed or to be used or consumed in a Person's business, and in addition, includes all property included in the definition of "inventory" as used in the Code.

"Person" means any natural person, corporation, unincorporated organization, trust, joint-stock company, joint venture, association, limited or general partnership, limited liability company, any government, or any agency or political subdivision of any government.

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REEL: 004667 FRAME: 0039

RECORDED: 11/03/2011