2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State **DOCUMENT # 746729** 1. Entity Name 05-28-2002 91610 019 ****70.00 THE CHILDREN'S MUSEUM, INC. Mailing Address Principal Place of Business 498 CRAWFORD BLVD. 498 CRAWFORD BLVD. **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-6652019 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name____ وإخاصيا للها للوجار لطيانها الدليم الوراء واخما Street Address (P.O. Box Number is Not Acceptable) OSBORNE, R. BRADY, JR. % OSBORNE, HANKINS, MACLAREN & RÉDGRAVE 998 S. FEDERAL HIGHWAY City Zip Code **BOCA RATON FL 33432** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE ANDERSON, BLAIR NAME NAME STREET ADDRESS 413 BUTTONWOOD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Debbie Campbell 1801 N Militery Trail Boca Raton, FL 33431 Change ☐ Delete TITLE ☐ Addition TITLE -ROSS, SISTER ELIZABE NAME NAME 961 W. ROYAL PALM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Tom Neuman Whange Addition TD_____ - Delete * - * TITLE: ANDERSON, BLAIR NAME NAME 2800 Palm wood Terr #122 STREET ADDRESS 600 ELM TREE LANE STREET ADDRESS Boca Raton, FL CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33432** Change ☐ Addition TITLE ☐ Delete MERCIER, POPPI NAME 30 SW 5TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition □ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmer an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED