2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 17, 2004 8:00 am Secretary of State **DOCUMENT #746729** 05-17-2004 90020 009 ****61 25 THE CHILDREN'S MUSEUM, INC. Principal Place of Business Mailing Address ~~~. 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. Suite, Apt. #, etc. 03082003 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-6652019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSBORNE, R. BRADY, JR. % OSBORNE, HANKINS, MACLAREN & REDGRAVE Street Address (P.O. Box Number is Not Acceptable) 998 S. FEDERAL HIGHWAY **BOCA RATON, FL 33432** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed-or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete President Change TITLE TITLE ANDERSON, BLAIR Penny Morey Dr. 6418 Las Flores Dr. NAME NAME 413 BUTTONWOOD PLACE STREET ADDRESS STREET ADDRESS Bora Raton, FL 3343,3 BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-7P SD TITLE Delete TITLE ☐ Change Addition SCHIEDEL, CHRISTINE NAME STREET ADDRESS 581 SW 15TH ST. STREET ANDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TD TITLE Delete TITLE Change ☐ Addition NAME NEUMAN, TOM NAME STREET ADORESS 2800 PALMWOOD TERRACE #122 STREET ADDRESS BOCA RATON, FL 33431 DTY-57-7P CITY-ST-7/2 TTD E ☐ Delete TITE Addition TI Chance MERCIER, POPPI MANAG NAME STREET ADDRESS 30 SW 5TH AVENUE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

Poppi Mercier

SIGNATURE:

FILED

561-368-6875 Daytone Phone #