2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

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Entity Name: CHRISTMAS IN APRIL OF THE PALM BEACHES, INC.

Current Principal Place of Business:

470 COLUMBIA DR
BLDG F
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1309
W. PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0691732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, JOHN R JR
500 AUSTRAILIAN AVE. SOUTH
10TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

AIKEN, JOANNA
7501 N JOG ROAD
WEST PALM BEACH, FL 33415

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: JOANNA AIKEN 05/01/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMILEY, MARK
Address: P.O. BOX 1309
City-St-Zip: WEST PALM BEACH, FL 33402

Title: VPD ( ) Delete
Name: AIKENS, JOANNE
Address: P.O. BOX 1309
City-St-Zip: WEST PALM BEACH, FL 33402

Title: SD ( ) Delete
Name: SMILEY, ELIZABETH
Address: P.O. BOX 1309
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TD (X) Delete
Name: FOREN, STEPHEN
Address: P.O. BOX 1309
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AIKEN, JOANNA
Address: 7501 N JOG ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD (X) Change ( ) Addition
Name: SPALDING, JASON
Address: 420 COLUMBIA DR SUITE 110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD (X) Change ( ) Addition
Name: COAR, JUANITA P
Address: 340 COLUMBIA DR SUITE 111
City-St-Zip: WEST PALM BEACH, FL 33409

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

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

SIGNATURE: JUANITA P. COAR TD 05/01/2002
Electronic Signature of Signing Officer or Director Date