2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State
01-17-2001 90085 024 ****70.00

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DOCUMENT # N97000006183

1. Entity Name

KIDS WISH NETWORK, INC.

Principal Place of Business	Mailing Address
111 S PINE AVE OLDSMAR FL 34677 US	3898 TALAH DR PALM HARBOR FL 34684 US

C00004870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
160 SCARLET BL	160 SCARLET BL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: PINELLAS	Zip: 34677 Country: PINELLAS

4. FEI Number 31-1579097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREINER, MARK 3898 TALAH DR PALM HARBOR FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED BREINER, SHELLY 2332 WATERVIEW COURT PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3898 TALAH DR. PALM HARBOR, FL 34684
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREINER, MARK 2332 WATERVIEW COURT PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3898 TALAH DR PALM HARBOR FL 34684
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASKIN, BARBARA 3771 PREAKNESS PLACE PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HONEGGER, MICHAEL 1111 20TH ST NW 20526 WASHINGTON DC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGH, TONI 118 HARBOR DR PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: SIGNATURE MARK BREINER 1-8-01 8138919374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #