NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000 4848

1. Entity Name

National Missing Kids Alert



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91882 038 ****70.00

| DO NOT WRITE IN THIS SPACE | | | | | | 90129062 | | | |
|---|--|---------------------------------------|---------------------------------|--|--|---|--|-------------------------------|--|
| 2. Principal Place of Business 1840 W 49 ¹¹ St | | | 3. Mailing Address P. O. Box 7 | | | • | | | |
| Suite, Apt. #, etc. Suite 222-02 | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Sta | | Slorida | Miami | Florida | 4. FEI Number | | | Applied For Not Applicable | |
| ^{Zip} 33012 | \ | U.S.A. | 33170·0673 | U.S. A. | | | Fee Re | Additional quired | |
| | | | | 7. Name and Address of Current Registered Agent | | | | | |
| | - D | O NOT W | RITE | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | N THIS SP | | 18 | 40 w. 4 | 9 5 ST. | | | |
| | | | | Suite | | | — 1 7in | Code | |
| | | | | | lami | | | 3012 | |
| | e named entity tions of regist | | r the purpose of changing its r | egistered office or re | gistered agent, or both, in | the state of Florida | a. I am familiar w | ith, and accept | |
| | | -,53 | | | | | | | |
| SIGNATURE | | . f | 410 | | | <u></u> | | | |
| | Signature, typed | or printed name of registered agent a | and title if applicable. (NOTE: | Registered Agent signature | required when reins(ating) | | DATE | | |
| 194 | Service of the servic | IS \$61.25 | 9. Election Cam | | \$5.00 May Be | | Check Paya | | |
| | initial or . | Amended UBR | Trust Fund Co | ontribution. | Added to Fees | Florida | Department | of State | |
| 10. | 1 | OFFICERS AND DIR | RECTORS | | | | | | |
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| NAME STREET ADDRESS | anta | (1) 49B | Suite 222-02 | NAME Street address | | | | 2 | |
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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 on an attachment with an address, with all other like empowered. 286-

Quita J. Youngkin 29 april, 03 SIGNATURE: 9

Continue of officers + Directors Ottachment 9012906 2 DO# N9900004848

Title - D

Name - Marjorie McKenzie

treel Address - 1840 W 49 B Suite 222.02

Hialesh florida - 33012