

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048443

1. Entity Name

A PUPPETS WORLD, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90094 001 ***150.00

Principal Place of Business 11160 NW 27 ST SUNRISE FL 33322	Mailing Address 11160 NW 27 ST SUNRISE FL 33322-1812
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2. Principal Place of Business 11160 NW 27 ST, SUNRISE FL 33322 Suite, Apt. #, etc.	3. Mailing Address 11160 NW 27 ST Suite, Apt. #, etc.
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City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number 65-0589641	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33322	Country USA	Zip 33322	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEINER, ELLEN 11160 NW 27 ST SUNRISE FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Ellen Weiner DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, ELLEN 11160 NW 27 ST SUNRISE FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Weiner ELLEN WEINER DATE 4/25/00 DAYTIME PHONE # (954) 748-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)