2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003910

Entity Name: BRANDON KIDSPLAY, INC.

ONE TAMPA CITY CENTER

TAMPA, FL 33602

Address:

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE TAMPA CITY CENTER **SUITE 2600** TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** ONE TAMPA CITY CENTER SUITE 2600 TAMPA, FL 33602 FEI Number: 59-3364902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, ROBERT V ONE TAMPA CITY CENTER **SUITE 2600** TAMPA, FL 33602 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HOWE WILLIAMS, DONNA Name: Name: ONE TAMPA CITY CENTER, SUITE 2600 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: () Delete Title: Title: () Change () Addition Name: WILLIAMS, ROBERT V 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA HOWE WILLIAMS P 04/27/2005