

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90062 020 ***150.00

DOCUMENT # P99000041557

1. Entity Name

BEDTYME STORIES OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

721 1ST AVE NORTH
 ST. PETERSBURG FL 33701

P.O. BOX 1954
 ST. PETERSBURG FL 33731-1954

10568 Gandy Blvd.

2. Principal Place of Business

3. Mailing Address

10568 Gandy Blvd.

5600 Roswell Rd. NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite N390

City & State

City & State

St. Petersburg, FL

Atlanta GA

Zip

County

Zip

Country

33702 Pinellas

30342 Fulton

4. FEI Number

Applied For

59-3579079

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

ENGLANDER, LEONARD
 721 1ST AVE NORTH
 ST. PETERSBURG FL 33701

Name

David D. Burton, Jr.

Street Address (P.O. Box Number is Not Acceptable)

2111 Drew St.

City

Clearwater

FL

Zip Code

33758-4901

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]

2.14.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ENGLANDER, LEONARD S | |
| STREET ADDRESS | 721 1ST AVE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|--|
| TITLE | <i>Officer</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Donna L. Eaton</i> | |
| STREET ADDRESS | <i>5600 Roswell Rd. NE. STE N390</i> | |
| CITY-ST-ZIP | <i>Atlanta, GA 30342</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

[Signature] **Donna L. Eaton** *2/8/00* *404-913-0088*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2P034 (9/99)