SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 1999 8:00 am
Secretary of State
07-30-1999 90003 004 ***550.00

0121056

398843 - 90003 - 4

DOCUMENT # F97000002120

1. Corporation Name
EDVENTURE PARTNERS, INC.

Principal Place of Business
5500 SHELLMOUND AVE.
EMERYVILLE CA 94608

Mailing Address
5500 SHELLMOUND AVE.
EMERYVILLE CA 94608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/22/1997

2. Principal Place of Business
21 809 Heinz Avenue
22 Suite, Apt. #, etc.
23 City & State Berkeley, CA
24 Zip 94710 25 Country ALAMEDA

2a. Mailing Address
26 809 Heinz Avenue
27 Suite, Apt. #, etc.
28 City & State Berkeley, CA
29 Zip 94710 30 Country Alameda

4. FEI Number 68-0255486 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	SGRO, TONY	
STREET ADDRESS	5500 SHELLMOUND AVE.	
CITY-ST-ZIP	EMERYVILLE CA 94608	
TITLE	DST	☐ DELETE
NAME	SGRO, LAUREL	
STREET ADDRESS	5500 SHELLMOUND AVE.	
CITY-ST-ZIP	EMERYVILLE CA 94608	
TITLE	D	☐ DELETE
NAME	FRANKEL, SAM	
STREET ADDRESS	5500 SHELLMOUND AVE.	
CITY-ST-ZIP	EMERYVILLE CA 94608	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO / PRESIDENT	☒ Change ☐ Addition
1.2 NAME	SGRO, TONY	
1.3 STREET ADDRESS	809 HEINZ AVENUE	
1.4 CITY-ST-ZIP	BERKELEY, CA 94710	
2.1 TITLE	CFO / SEC / TREASURER	☒ Change ☐ Addition
2.2 NAME	LAUREL SGRO	
2.3 STREET ADDRESS	809 HEINZ AVENUE	
2.4 CITY-ST-ZIP	BERKELEY, CA 94710	
3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
3.2 NAME	SAM FRANKEL	
3.3 STREET ADDRESS	809 HEINZ AVENUE	
3.4 CITY-ST-ZIP	BERKELEY, CA 94710	
4.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
4.2 NAME	PAMELA HORICK	
4.3 STREET ADDRESS	809 HEINZ AVENUE	
4.4 CITY-ST-ZIP	BERKELEY, CA 94710	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 7/20/99 510-704-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)