

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 026 ****61.25

DOCUMENT # N02000001232 1. Entity Name 4KIDS OF SOUTH FLORIDA, INC.					
Principal Place of Business 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309			Mailing Address 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 61-1416525				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, MARK T 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADER, ROBERT		NAME	Douglas R. Sauder	
STREET ADDRESS	2401 W CYPRESS CREEK ROAD		STREET ADDRESS	2401 W Cypress Creek Rd.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHNKEN, B. J.		NAME	Al Petrangeli	
STREET ADDRESS	2401 CYPRESS CREEK RD		STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISSING, MATTHEW		NAME	Mark T. Davis	
STREET ADDRESS	2401 CYPRESS CREEK RD		STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, DAVID		NAME	John Foreman	
STREET ADDRESS	2401 W CYPRESS CREEK ROAD		STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, LISE MD		NAME	Andrew Greep	
STREET ADDRESS	2401 W CYPRESS CREEK RD		STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	LUKASIK, TOM		NAME		
STREET ADDRESS	2401 W CYPRESS CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Mark T. Davis, Vice-President 2-12-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					