2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2015
Secretary of State
CC8758814472

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Entity Name: AMIKIDS YES, INC.

Current Principal Place of Business:

4337 SAFFOLD ROAD
WIMAUMA, FL 33598

Current Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

FEI Number: 59-3217810

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HUSLEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202 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

Officer/Director Detail :

Title	D
Name	LUCAS, ROBERT
Address	2018 S. DOVER ROAD
City-State-Zip:	DOVER FL 33527

Title	D
Name	BUFFINGTON, MICHAEL
Address	2512 MILLER WOODS CT.
City-State-Zip:	VALRICO FL 33594

Title	D
Name	STANDER, O.B.
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	C
Name	DEMURO, JOHN
Address	4502 S. HALE AVENUE
City-State-Zip:	TAMPA FL 33611

Title	ST
Name	KNIGHT, ALBERT
Address	PO BOX 625
City-State-Zip:	WIMAUMA FL 33598

Title	D
Name	CHRISTALDI, RONALD
Address	101 E. KENNEDY BLVD., SUITE 2800
City-State-Zip:	TAMPA FL 33602

Title	C
Name	DEMURO, JOHN
Address	4502 S. HALE AVENUE
City-State-Zip:	TAMPA FL 33611

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: O.B. STANDER DIRECTOR 04/28/2015

Electronic Signature of Signing Officer/Director Detail — Date