FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835035 (7)

1. Corporation Name
CHILDCRAFT EDUCATION CORP.

Principal Place of Business	Mailing Address
20 KILMER RD EDISON NJ 08818 US	500 S. BUENA VISTA ST. BURBANK CA 91521-0340

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1975
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 13-5619818 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~BURNS, PATRICK~~	1.2 NAME	GYDE, RICHARD	
STREET ADDRESS	20 KILMER RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP		
TITLE	~~XXXX~~	2.1 TITLE	CFO	☒ Change ☐ Addition
NAME	~~XXXXX, XXXXX~~	2.2 NAME	FINNEY, STEPHEN M.	
STREET ADDRESS	20 KILMER RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARSHA L	3.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, BARTON K	4.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LITVACK, SANFORD M	5.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	T	☒ Change ☐ Addition
NAME	~~XXXXXXX, XXXXX~~	6.2 NAME	HUGHES, DAVID A.	
STREET ADDRESS	500 S BUENA VISTA ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marsha L. Reed

0903117 CP