

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A97000002931
1. Entity Name	YOUNG ENTERTAINERS, LTD.

FILED

01 MAY 16 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7600 N. Lyons Rd Coconut Creek, FL 33073	P.O. Box 970436 Coconut Creek, FL 33073

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

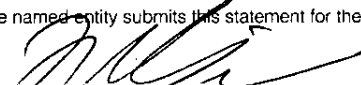
4. FEI Number	Applied For
65-0845790	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
---	--

MJH

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name Camillo, John M.
	Street Address (P.O. Box Number is Not Acceptable) 1600 W. Commercial Blvd
	City Ft. Lauderdale, FL Zip Code 33309

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  John M. Camillo 3/26/01 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>

9. Capital Contributions as Shown on record. \$11,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # A97000000754 NAME North Broward Preparatory Schools LTD STREET ADDRESS 1600 W Commercial Blvd CITY-ST-ZIP Ft. Lauderdale, FL 33309	STREET ADDRESS CITY-ST-ZIP 500004418005-1 -06/13/01-01110-013 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
--

SIGNATURE:  William Spruce, VP, 3/28/01 (954) 247-0011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>

CR2E003 (11/00)