2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001078

Entity Name: LEAPFROG ENTERPRISES, INC.

FILED May 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6401 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6401 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608					
FEI Number:	95-4652013	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:					
Election Carr		nic Signature of Registered Agent g Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title:	D () Delete	Title:	() Change () Addition	
Name:	KATZ, JEFFRE	EY	Name:		
Address: City-St-Zip:	6401 HOLLIS S EMERYVILLE,	STREET, SUITE 100 CA 94608	Address: City-St-Zip:		
Title:	S () Delete	Title:	() Change () Addition	
Name:	WONG, PETER		Name:		
Address: City-St-Zip:	EMERYVILLE,	STREET, SUITE 100 CA 94608	Address: City-St-Zip:		
Title:	*	() Delete	Title:	() Change () Addition	
Name:	SMITH, RALPH		Name:		
Address: City-St-Zip:	701 ST PAUL S BALTIMORE, N		Address: City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	WANG, CADEN		Name:		
Address: City-St-Zip:	6401 HOLLIS S EMERYVILLE,		Address: City-St-Zip:		
Title:	*) Delete	Title:	() Change () Addition	
Name: Address:	MARON, STAN 1250 FOURTH	STREET, SUITE 550	Name: Address:		
City-St-Zip:	SANTA MONIC		City-St-Zip:		
Title:	*) Delete	Title:	() Change () Addition	
Name: Address:	MCKEE, STAN 6401 HOLLIS		Name: Address:		
City-St-Zip:	EMERYVILLE,		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER WONG S 05/21/2009