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 25 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004604 (5)**

1. Corporation Name
KIDSOURCE, INC.

Principal Place of Business	Mailing Address
1001 YAMATO ROAD, SUITE 301 BOCA RATON FL 33431	1001 YAMATO ROAD, SUITE 301 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/12/1993	04/27/1994

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

4. FEI Number: 36-3895192 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE 105 TALLAHASSEE FL 32301	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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MEADOW, SCOTT F	1.2 NAME	
STREET ADDRESS	289 PROSPECT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BEGELMAN, MARK	2.2 NAME	
STREET ADDRESS	2200 OLD GERMANTOWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, GERALD	3.2 NAME	
STREET ADDRESS	4912 MERILANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55436	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RAYDEN, MICHAEL W	4.2 NAME	
STREET ADDRESS	7425 E. HUMMINGBIRD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM HILLS CA 92808	4.4 CITY-ST-ZIP	
TITLE	CPD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	COHEN, ROY M	5.2 NAME	
STREET ADDRESS	242 NW 19TH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, LEONARD	6.2 NAME	
STREET ADDRESS	3400 NE 192ND ST., APT. 1101	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	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] 4/17/95 (401)995-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0257082 CP

4/14/96
OFFDIR.XLS

F93000004604

KidSource, Inc.
F93000004604

Attachment to 1995 Corporation Annual Report

Line 13 **Additional Officers and Directors**

Title V/T/S/D
Name Jonathan H. Browne
St Addr 1001 Yamato Rd. Suite 301
City St Zip Boca Raton, Fl. 33431

Title C/D
Name Daniel H. Levy
St Addr 1001 Yamato Rd. Suite 301
City St Zip Boca Raton, Fl. 33431