

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

0017225

**DOCUMENT # F94000002447**

1. Entity Name

**MIRACLE FLIGHTS FOR KIDS, INC.**

08-01-2002 90170 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2756 NO GREEN VALLEY PKWY. STE 115 GREEN VALLEY NV 89014-100 US		Mailing Address 2756 NO GREEN VALLEY PKWY. STE 115 GREEN VALLEY NV 89014-100 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>88-0209952</b>		Applied For <input type="checkbox"/> Not-Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent / Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

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

<b>After September 13, 2002, min. will be \$236.25.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROESBECK, ROBERT</b> <b>77 E SAHARA, #400</b> <b>LAS VEGAS NV 89104</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PVTS</b> <b>MCGEE(MISCHOULAM), ANN</b> <b>2700 CHANDLER AVENUE, SUITE A-8</b> <b>LAS VEGAS NV 89120</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>HUGHES, SHAUNA</b> <b>240 WATER STREET</b> <b>HENDERSON NV 89015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MCDONALD, MICHAEL</b> <b>3351 SOUTH HIGHLAND DRIVE, #210</b> <b>LAS VEGAS NV 89109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SCHEFFLER, LARRY</b> <b>3351 S HIGHLAND, #210</b> <b>LAS VEGAS NV 89109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>YEAGER, JEANA</b> <b>ROUTE #2, BOX #33</b> <b>CAMPBELL TX 75422</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *D. McGee 7/23/02*

CR2E037 (4/02)

*Attachment*  
*# F 94000002447 / 1676269*  
**COPILEVITZ & CANTER, LLC**

ATTORNEYS AT LAW

423 W. EIGHTH STREET  
SUITE 400  
KANSAS CITY, MISSOURI 64105  
(816) 472-9000 • FAX (816) 472-5000  
E-MAIL [copcankc@copilevitz-canter.com](mailto:copcankc@copilevitz-canter.com)

July 29, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Miracle Flights for Kids, Inc.

To whom it may concern:

Enclosed please find the above organization's completed 2002 Uniform Business Report form and \$61.25 fee. Should you have any questions, please feel free to contact me.

Very truly yours,



Shawn McFerrin  
Legal Assistant  
For the Firm

:smc  
Enclosures