

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005508

1. Entity Name

LEAPFROG TECHNOLOGIES, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 026 ***150.00

0579764

Principal Place of Business
1551 JENNINGS MILL RD
STE 700B
BOGART GA 30622
US

Mailing Address
PO BOX 2205
NORCROSS GA 30091-2205
US

00039075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1532 Ridgeway Ch. Rd.
Suite, Apt. #, etc.
Commerce, GA
City & State
Commerce, GA
Zip
30529
Country

3. Mailing Address
P.O. Box 966
Suite, Apt. #, etc.
Commerce, GA
City & State
Commerce, GA
Zip
30529
Country

4. FEI Number 58-2195993
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKLEY, BRADY L		NAME	1532 Ridgeway Ch. Rd	
STREET ADDRESS	1551 JENNINGS MILL RD STE 700B		STREET ADDRESS	Commerce, GA	
CITY-ST-ZIP	BOGART GA 30622		CITY-ST-ZIP	30529	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKLEY, BRADY L		NAME	P.O. Box 966	
STREET ADDRESS	PO BOX 2205		STREET ADDRESS	Commerce, GA	
CITY-ST-ZIP	NORCROSS GA 30091-2205		CITY-ST-ZIP	30529	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)