

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90063 039 \*\*\*150.00

**DOCUMENT # K15727**

1. Entity Name

**KIDS' CHOICE BROADCASTING NETWORK, INC.**

Principal Place of Business

Mailing Address

**% MATTHEW L. LEIBOWITZ**  
**1 SE 3RD AVENUE STE 1450**  
**MIAMI FL 33131-1710****% MATTHEW L. LEIBOWITZ**  
**1 SE 3RD AVENUE STE 1450**  
**MIAMI FL 33131-1714**

AC008012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0036555**

Applied For

Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LEIBOWITZ, MATTHEW L.**  
**ONE SE 3RD AVE/SUITE 1450**  
**MIAMI FL 33131**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LEIBOWITZ, MATTHEW L.	1 SE 3RD AVE STE 1450	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WAIN, NORMAN	1818 OHIO SAVINGS PLAZA	CLEVELAND OH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WEISS, ROBERT	1680 QUEEN ANN'S GATES	WESTLAKE OH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	YARROW, PETER	27 W 67 ST	NEW YORK NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SPENCER, JOHN	1 SE 3RD AVENUE, SUITE 1450	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SCHAEFFER, CHARLES	850 EUCLID AVE, SUITE 1100	CLEVELAND OH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(305) 530-1322

Daytime Phone #