

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000034333

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: KISS ENGLISH, LLC

## Current Principal Place of Business:

3819 HIDEAWAY BAY BLVD.  
APT. 202  
KISSIMMEE, FL 34741

## New Principal Place of Business:

3501 W. VINE ST.  
SUITE 266  
KISSIMMEE, FL 34741

## Current Mailing Address:

3819 HIDEAWAY BAY BLVD.  
APT. 202  
KISSIMMEE, FL 34741

## New Mailing Address:

3501 W. VINE ST.  
SUITE 266  
KISSIMMEE, FL 34741

FEI Number: 76-0721607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KISS, ANTHONY J  
3819 HIDEAWAY BAY BLVD.  
APT. 202  
KISSIMMEE, FL 34741

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KISS, ANTHONY J  
Address: 3819 HIDEAWAY BAY BLVD.  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM ( ) Delete  
Name: KISS, CARMEN  
Address: 3819 HIDEAWAY BAY BLVD.  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: KISS, CARMEN G  
Address: 3819 HIDEAWAY BAY BLVD.  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTHONY J. KISS

MGRM

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date