2006 LIMITED LIABILITY COMPANY

May 09, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000102408** 05-09-2006 90026 001 ***500 00 KIDS BLOCK, LLC Mailing Address Principal Place of Business 30007605 C/O JORDAN ZIMMERMAN C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code City 8. The above named ity 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 ed agent. SIGNATURE Signature, typed or print Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Addition TITLE Change TITLE ☐ Delete TONE, LLC NAME NAME 494 8TH AVE., SUITE 1005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change Addition POKE, LLC NAME NAME 494 8TH AVE., SUITE 1005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10001 MGRM ☐ Delete TITLE Change Addition TITLE NAME \$.LLC NAME STREET ADDRESS STREET ADDRESS 6221 ISLAND WALK D CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP Change Addition MGRM ☐ Delete TITLE TITLE J.LLC NAME NAME STREET ADDRESS 2200 W. COMMERCIAL BLVD., SUITE 300 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP Addition Delete __ Change MGRM TITLE TITLE A.LLC NAME STREET ADDRESS 6301 N. OCEAN BLVD. STREET ADDRESS OCEAN RIDGE, FL 33435 CITY-ST-ZIP CITY-ST-7iP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

indicated on this report is true and accurate and that my 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ORDANO ZIMMERMAN MEMBER

FILED