2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 09, 2006 8:00 am Secretary of State **DOCUMENT #L05000102410** 05-09-2006 90026 001 ***500 00 1. Entity Name KIDS STUFF, LLC 30007601 Principal Place of Business Mailing Address 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) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 City Zip Code 8. The above named entit changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept bmits this statemer the obligations of registe L'immeranno member SIGNATURE Signature, typed or printed na Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change MGRM Addition TITLE Delete TIT) F TONE, LLC NAME NAME 494 8TH AVENUE, SUITE 1005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-ZIP MGRM □ Delete TITLE Change ☐ Addition TITLE POKE, LLC NAME NAME 494 8TH AVENUE, SUITE 1005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 CITY-ST-ZIP MGRM TITLE Change Addition ☐ Delete TITLE NAME S.LLC, LLC NAME STREET ADDRESS 6221 ISLAND WALK D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33496 MGRM TITLE Change ☐ Addition TITLE ☐ Delete NAME J.LLC 2200 W. COMMERCIAL BLVD., SUITE 300 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE MGRM ☐ Delete TITLE Change A.LLC NAME NAME 6301 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS OCEAN RIDGE, FL 33435 CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE ___ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 or the reviewer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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