

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000841

1. Entity Name
KID FOCUS, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90082 014 ****61.25

Principal Place of Business
221 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

Mailing Address
2821 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0979929		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHOATE, GAIL 2821 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL 33308				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CHOATE, GAIL 2821 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCTAGUE, JOEL 8316 Via Leonesa BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GORMLEY, IMELDA 845 SW 16TH STREET 3 Wiemes Ct. FT. LAUDERDALE FL 33315-Waterford CT 06185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. AMPS, JAMES P.O. BOX 820231 REMBROKE PINES FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CLARK, PAMELA L 2400 E. COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KING, BRIAN 3325 QUAIL CLOSE POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOWE, KIM 2849 S. BELMONT LANE 3890 Simms St. COOPER CITY FL 33026 Hollywood FL 33008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIRI P. P. REQUIRED 1/24/02 954-229-0434

CR2E037 (9/01)