FILED

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am **Secretary of State** DOCUMENT # N0000000841 1. Entity Name 01-21-2003 90514 010 ****61.25 KID FOCUS, INC. Principal Place of Business Mailing Address 2821 E. COMMERCIAL BLVD. 2821 E. COMMERCIAL BLVD. SUITE 200 SUITE 200 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Mailing Address PO Box 2. Principal Place of Business 5920 Almono ☐ CHECK HERE IF MAKING CHANGES Dianfation Applied For ity & State 4. FEI Number 65-0979929 AUTATION Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOATE, GAIL Stron Address (P.O. Box Number is Not Acceptable) 2821 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 4 CR2E037 (10/02) Choate Gail ☐ Delete TITLE ☐ Addition CHOATE, GAIL NAME NAME 6920 Almoub Ter 2821 E. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS PL 33317 Plantation CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete TITLE Change GORMLEY, IMELDA Joel Mc Tague NAME NAME BOCA RATON PL STREET ADDRESS 3 WIEMES CT STREET ADDRESS WATERFORD CT 06385 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE AMPS, JAMES NAME NAME P.O. BOX 820231 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33082 ☐ Addition ☐ Change Delete TITLE TITLE CLARK, PAMELA L NAME NAME 2400 E. COMMERCIAL BLVD. SUITE 820 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete ☐ Change ☐ Addition TITI F TITLE KING, BRIAN NAME NAME STREET ADDRESS 3325 QUAIL CLOSE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition TITI F □ Delete TITLE NAME LOWE, KIM NAME STREET ADDRESS STREET ADDRESS 3890 SIMMS ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021

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: