## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N0000002700

Entity Name: BOGIE BEAR EDUTAINMENT FOUNDATION, INC.

FILED Sep 10, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1450 MOHRLAKE DR BRANDON, FL 33511				4850 E. BUSCH BLVD. SUITE #5 TAMPA, FL 33617		
Current Mailing Address:				New Mailing Address:		
1450 MOHI BRANDON						
FEI Number:	59-3639031	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:
BOGAN, W 1450 MOHI BRANDON	RLAKE DR					
The above in the State		submits this statement for the pu	ırpose o	of changing i	ts registere	d office or registered agent, or both,
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( BOGAN, WYA 1450 MOHRLA BRANDON, FL	AKE DR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( BOGAN, ANNII 3614 PHILLIPS TAMPA, FL 33	S STREET		Title: Name: Address: City-St-Zip:	D BOGAN, AN 3614 PHILL TAMPA, FL	IPS STREET
Title: Name: Address: City-St-Zip:	D ( BUTLER, ANN 3402 N 22ND TAMPA, FL 33	STREET		Title: Name: Address: City-St-Zip:	D BUTLER, M/ 3402 N 22N TAMPA, FL	D STREET
Title: Name: Address: City-St-Zip:	D ( HENDERSON, 3005 N HUDSO TAMPA, FL 33	ON STREET		Title: Name: Address: City-St-Zip:	D HENDERSO 3005 N HUD TAMPA, FL	SON STREET
Title: Name: Address: City-St-Zip:	D ( FILLMORE, W 6698 68TH AV PINELLAS PAI	E N, SUITE D		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ACIE Y RLAKE DRIVE FL 33511 US
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition ATRICIA A PASTOR NCH MOORING DRIVE 33635 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYATT A. BOGAN PRES 09/10/2003