2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007899

Entity Name: SIDEKICK FOUNDATION, INC.

FILED Jan 03, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8210 WILES RD. CORAL SPRINGS, FL 33067						
Current Mailing Address:				New Mailing Address:		
8210 WILES RD. CORAL SPRINGS, FL 33067			4630 N. UNIVERSITY DR. #322 CORAL SPRINGS, FL 33067			
FEI Number: 65-1059560 FEI Number Applied For () FEI Num			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SHEEHAN, ROSE ESQ. 2826 N. UNIVERSITY DR CORAL SPRINGS, FL 33065 US 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:						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I PRYOR, ARTHUI 4670 W. LEITNE CORAL SPRINGS	R DR		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E LEWEN, GREG A 11908 ROYAL PA CORAL SPRINGS	ALM BLVD.		Title: Name: Address: City-St-Zip:	D (X) LEWEN, GREG 5261 N. 37 ST. HOLLYWOOD, F	
Title: Name: Address: City-St-Zip:	D () E PRYOR, PAT 4670 W. LEITNE CORAL SPRINGS			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () [SHEEHAN, ROSE 6480 N.W. 105TH PARKLAND, FL	HTERR.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	ALLEN, ESTHER 212 TERN LANE	Delete RINGS, FL 32701		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E GLUCK, GERALE 1212 N.W. 126TH SUNRISE, FL 33	HTERR.		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: ARTHUR PRYOR PRES 01/03/2003