
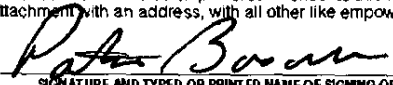


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 043 ****61.25

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

DOCUMENT # N02000006906			
1. Entity Name ISLAND BIZ KIDZ INTERNATIONAL, INC.			
Principal Place of Business 4481 NW 19TH AVENUE OAKLAND PARK, FL 33309		Mailing Address 4481 NW 19TH AVENUE OAKLAND PARK, FL 33309	
2. Principal Place of Business		3. Mailing Address % R.L. FELDMAN, ESQ. 8900 SW 107 AVE, STE 203 MIAMI, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33176	US	33176	US
4. FEI Number 74-3061912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, ROBERT L ESQ. 8900 S.W. 107TH AVENUE SUITE 203 MIAMI, FL 33176		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (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 Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAW, SHARON K	NAME	
STREET ADDRESS	3430 S.W. 27TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMEY, JERRY A	NAME	
STREET ADDRESS	6292 MCCOLLUM WAY	STREET ADDRESS	
CITY-ST-ZIP	ACKWORTH DALE, GA 30102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, TERRY S	NAME	
STREET ADDRESS	5101 LAKE IN THE WOODS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, GA 33813	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHM, DAVID K	NAME	
STREET ADDRESS	7481 NW 42ND STREET	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBEE, JANET G	NAME	
STREET ADDRESS	911 SOUTH YACHTSMAN DR.	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33967	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, PATRICIA ANN	NAME	
STREET ADDRESS	1357 KINGSLEY AVE. APT. #1	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32703	CITY-ST-ZIP	
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: 		4/25/03 954-771-9653	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	