

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N03000001906

Entity Name: THE INSTITUTE FOR PLAY, INC.

**Current Principal Place of Business:**

11468 WILLOW GARDENS DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

3000 MONTICELLO PLACE  
NUMBER 306  
ORLANDO, FL 32835

**Current Mailing Address:**

11468 WILLOW GARDENS DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

3000 MONTICELLO PLACE  
NUMBER 306  
ORLANDO, FL 32835

FEI Number: 30-0176665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

O'KANE, MATTHEW R  
LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: BROWN, STUART  
Address: 46 WEST GARZAS ROAD  
City-St-Zip: CARMEL VALLEY, CA 93924

Title: D ( ) Delete  
Name: HUGGINS, JEFF  
Address: 11468 WILLOW GARDENS DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: GOODALL, JANE DR.  
Address: PO BOX 14890  
City-St-Zip: SILVER SPRINGS, MD 209114890

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HUGGINS, JEFF  
Address: 3000 MONTICELLO PLACE, NUMBER 306  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFF HUGGINS

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date