


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90022 003 \*\*\*\*61.25

|   |                                 |   |  |   |   |
|---|---------------------------------|---|--|---|---|
| <b>DOCUMENT # N03000008430</b><br>1. Entity Name<br><b>KIDZ IN MOTION, INC.</b>   |                                 |   |  |  |   |
| Principal Place of Business<br><b>5424 CONWAY PTE CT<br/>ORLANDO, FL 32812</b>  |                                 |   | Mailing Address<br><b>5424 CONWAY PTE CT<br/>ORLANDO, FL 32812</b>   |   |   |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |   |
| City & State  |                                 | City & State  |  |   |   |
| Zip   | Country                         | Zip   | Country  | 02092004    Chg-NP    CR2E037 (10/03)   |   |
| 4. FEI Number<br><b>77-0610114</b>  |                                 |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 |   |  | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MAZZOCCO, CAROL S<br/>5424 CONWAY PTE CT<br/>ORLANDO, FL 32812</b>  |                                 |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                 |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |   |
| Make check payable to<br><b>Florida Department of State</b>   |                                 |   |  |   |   |
| 10. OFFICERS AND DIRECTORS  |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |   |
|   |                                 |   | <b>P/D<br/>Carol S. Mazzocco<br/>5424 Conway Pointe Court<br/>Orlando, FL 32812</b>  |   |   |
|   |                                 |   | <b>VP/D<br/>JAMES SAVAGE<br/>6401 S. Boston Street<br/>Greenwood, CO 80111</b>   |   |   |
|   |                                 |   | <b>S/D<br/>Susan Katz<br/>6 Manor Rd. N<br/>Greenlawn, NY 11740</b>  |   |   |
|   |                                 |   | <b>T/D<br/>Mike James<br/>1228 Chesser Drive<br/>Huntsville, AL 35803</b>  |   |   |
|   |                                 |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
|   |                                 |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| 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. |                                 |   |  |   |   |
| <b>SIGNATURE:</b> <u>Carol S. Mazzocco</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |   | <u>3-10-04</u><br><small>Date</small>  |   | <u>407-306-9824</u><br><small>Daytime Phone #</small> |