

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90252 001 \*\*\*\*61.25  
04-27-2007 90252 002 \*\*\*\*\*8.75

<b>DOCUMENT # N05000012038</b>					
<b>1. Entity Name</b> HIP HOP KIDZ FOUNDATION, INC.					
<b>Principal Place of Business</b> 19451 SHERIDAN STREET SUITE 265 PEMBROKE, FL 33332			<b>Mailing Address</b> 19451 SHERIDAN STREET SUITE 265 PEMBROKE, FL 33332		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>402 E. Gutierrez</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>  City: <b>Santa Barbara</b> State: <b>CA.</b>		<b>4. FEI Number</b> 51-0564491		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 93101	<b>Country</b> US	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04252007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  HANNA, FRANCINE 18206 SW 26TH COURT MIRAMAR, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name: <b>Jamie Green</b> Street Address (P.O. Box Number is Not Acceptable): <b>3386 Coral Springs Dr.</b> City: <b>Coral Springs</b> State: <b>FL</b> Zip Code: <b>33065</b>		
<b>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.</b>  SIGNATURE: <u><i>Jamie Green</i></u> (Interim Executive Director) <span style="float: right;">4/25/07</span> <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</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: P NAME: BACINO, MARK STREET ADDRESS: 1420 LA CIMA ROAD CITY-ST-ZIP: SANTA BARBARA, CA 93101	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 3386 Coral Springs Dr. Coral Springs, FL. 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: STONE, SUZY STREET ADDRESS: 3386 COARL SPRINGS DRIVE CITY-ST-ZIP: COARL SPRINGS, FL 33065	<input type="checkbox"/> Delete				
TITLE: T NAME: GREEN, JIM STREET ADDRESS: 4862 VIEJA DRIVE CITY-ST-ZIP: SANTA BARBRA, CA 93110	<input type="checkbox"/> Delete				
TITLE: S NAME: KURSHNER, RICK STREET ADDRESS: 10950 WASHINGTON BLVD. SUITE 240 CITY-ST-ZIP: CULVER CITY, CA 90232	<input type="checkbox"/> Delete				
TITLE: C NAME: CLEVELAND, KEN STREET ADDRESS: 30423 CANWOOD STREET SUITE 139 CITY-ST-ZIP: AGOURA HILLS, CA 91301	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <u><i>Susan B Stone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/25/07</u> Daytime Phone #: <u>305-305-0076</u>		