

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000535

FILED
May 14, 2008
Secretary of State

Entity Name: CHILDREN'S NETWORK UNIVERSITY, INC.

Current Principal Place of Business:

1220 S. SOUTH LAKE DR.
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1220 S. SOUTH LAKE DR.
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 30-0347674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOUIS, MARYSE V
1220 S. SOUTH LAKE DR.
HOLLYWOOD, FL 33019 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:

Title: PD () Delete
Name: LOUIS, MARYSE V
Address: 1220 S. SOUTH LAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: VALBRUN, ESTHER M
Address: 4605 SW 32ND DR.
City-St-Zip: HOLLYWOOD, FL 33020

Title: TS () Delete
Name: VALBRUN, DANIEL S
Address: 1521 ALTON RD., SUITE 607
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOUIS, MARYSE
Address: 1220 S. SOUTH LAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARYSE LOUIS

PD

05/14/2008

Electronic Signature of Signing Officer or Director

Date