

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003422

FILED
Mar 10, 2007
Secretary of State

Entity Name: RADIO LOLLIPOP (USA), INC.

Current Principal Place of Business:

MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0453695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYMANN, LYNN
C/O MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 33155 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: PTD () Delete
Name: FINN, HEDLEY
Address: CARSHALTON, SURREY SM5 4NR
City-St-Zip: ENGLAND, OC

Title: D () Delete
Name: HUGHES, JOHN V
Address: BOUVERIE HOUSE, 154 FLEET ST
City-St-Zip: LONDON, EC

Title: CS () Delete
Name: TANNEBAUM, RHONI
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: HUCK, DONNA
Address: 906 AGUERO AVE
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: HEYMAN, LYNN
Address: 5810 SW 94 PL
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LYNN HEYMAN

DIR.

03/10/2007

Electronic Signature of Signing Officer or Director

Date