

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0035015

05-02-2003 90262 025 \*\*\*\*61.25

DOCUMENT # **N96000002084**

1. Entity Name  
**THE KONI FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**1 CLEARLAKE CENTER, #1402  
250 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401**

**1 CLEARLAKE CENTER, #1402  
250 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0676162**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WIENER, HOWARD J**  
~~ADORNO & ZEBER~~  
~~700 SOUTH FEDERAL HIGHWAY, SUITE 200~~  
~~BOCA RATON FL 33432~~

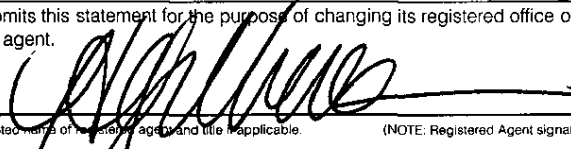
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**c/o Akeeman CENTERFIT  
222 Lakeview Ave 4th Floor**

City **West Palm Beach FL** Zip Code **33401**

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  DATE **4/21/03**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SIEGEL, HOWARD</b>
STREET ADDRESS	<b>3265 LAWSON BLVD.</b>
CITY-ST-ZIP	<b>OCEANSIDE NY 11572</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KAPNER, LEWIS</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVENUE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WIENER, HOWARD</b>
STREET ADDRESS	<del>1551 FORUM PLACE, BLDGS. 2000-400</del>
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33401</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>c/o Akeeman CENTERFIT</b>
CITY-ST-ZIP	<b>222 Lakeview Avenue 4th Floor West Palm Beach, FL 33401</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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 employment.

SIGNATURE:  DATE **4/21/03 (561) 653-5000**

CR2E037 (10/02)