

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001706

1. Entity Name

JUST FOR FUN KID'S ENTERTAINMENT INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90123 025 ****61.25

Principal Place of Business 801 14TH AVE. SOUTH. APT.#10 LAKE WORTH FL 33460	Mailing Address 801 14TH AVE. SOUTH. APT.#10 LAKE WORTH FL 33460-5518
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2. Principal Place of Business 424 WASECA DR.	3. Mailing Address P.O. 408
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LANTANA, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip 33462	Zip 33460
Country WPB	Country WPB



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0911352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, NANCY
801 14TH AVE., APT#10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name: EDWARDS, NANCY
Street Address (P.O. Box Number is Not Acceptable): 424 WASECA DR.
City: LANTANA FL Zip Code: 33462

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.

SIGNATURE: *Nancy Edwards (Director)* DATE: 4-27-00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, NANCY 801 14TH AVE. SOUTH, APT.#10 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, LATOYA 801 14TH AVE. SOUTH, APT.#10 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ODOM, DEBRA 801 14TH AVE. SOUTH, APT.#10 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 WASECA DR. LANTANA, FLORIDA 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Nancy Edwards* 3-24-00 561 432-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)