

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-03-2003 90027 001 ****61.25

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

DOCUMENT # N99000002095

1. Entity Name
KIDVENTURES, INC.



Principal Place of Business
9940 SW 59TH AVE.
MIAMI FL 33156

Mailing Address
9940 SW 59TH AVE.
MIAMI FL 33156

55010179

2. Principal Place of Business

3. Mailing Address

1514 Venera Ave, 2d Fl. 1514 Venera Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2d Floor

City & State

Coral Gables, FL

City & State

Coral Gables FL

Zip
33146

Country
USA

Zip
33146

Country
USA

4. FEI Number 65-0914936

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	STAMEN, BOB	1500 SAN REMO	CORAL GABLES FL 33146	<input type="checkbox"/>
VPD	MARES, MANUEL	FLA. NAT'L COLLEGE 6840 SW 40TH ST	MIAMI FL 33155	<input checked="" type="checkbox"/>
D	LIPP, NANCY	7701 SW 145TH ST	MIAMI FL 33158	<input checked="" type="checkbox"/>
T	DAVIS, BILL CPA	1320 S DIXIE	MIAMI FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	Dan McCrea	6200 SW 63d Ct	South Miami FL 33143	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Amy Miller	8245 SW 149 Dr.	Miami FL 33148	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature and typed or printed name of signing officer or director
Director 1/31/03 305 665-1141

Date

Daytime Phone #

CR2E037 (10/02)