2002 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # N99000004861 1. Entity Name CITY KIDS ART FACTORY, INC. 05-01-2002 91509 004 ****61.25 Principal Place of Business Mailing Address 4873 JAYBIRD CIRCLE, N 3832-010 BAY MEADOWS ROAD JACKSONVILLE FL 32257 PMB 370 JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3638295 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWENS, GREGORY Street Address (P.O. Box Number is Not Acceptable) 4873 JAYBIRD CIRCLE, N JACKSONVILLE FL 32257 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW; FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition (9/01 wynn, donald r NAME NAME ship of 1765 EDGEWOOD AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OWENS, GREGORY NAME NAME STREET ADDRESS 4873 JAYBIRD CIRCLE NORTH STREET ADDRESS Jacksonville FL 32257 CITY-ST-ZIE CITY-ST-ZIP TITLE 🛕 Delete TITLE ☐ Change ☐ Addition SADLER, KAREN NAME NAME STREET ADDRESS 1873 HICKORY LANE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change - Addition TAYLOR-SCALES, MADELINE NAME NAME 7047 CYPRESS BRIDGE DRIVE SOUTH STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 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

CITY-ST-ZIP

SIGNATURE:

attachment # N 99 00000 4861

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