

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037824

1. Entity Name
CHILD'S PLAY RECORDS, INC.

Principal Place of Business
800 EMMA ST., SUITE 132
KEY WEST FL 33040

Mailing Address
800 EMMA ST., SUITE 132
KEY WEST FL 33040

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 044 ***550.00

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AV



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address c/o David G. Bates 777 South Flagler Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 500 East	
City & State		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
		33401	USA

4. FEI Number 65-0999299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICE, INC. 777 S. FLAGLER DR., SUITE 500 EAST WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Flowers, Robert J. 800 Emma St., Suite 132 Key West, FL 33040 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Flowers* SIGNATURE REQUIRED

9-6-01 (305) 292-2006

CR2E034 (5/01)