Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90224 035 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000088456 DOCUMENT

1. Entity Name

CITY-ST-ZIP

KIDS STATION (U.S.) INCORPORATED



Principal Place of Business 355 OCEAN BLVD. GOLDEN BEACH FL 33160-2211		Mailing Address P.O. BOX 694660 MIAMI FL 33269-4660			11001100111		. : : : : : : : : : : : : : : : : : : :	JUN 43)1 1884
2. Principal F	Place of Business	3. Mailing Addr	ess					
·								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number	65-1058876	<u> </u>	plied For t Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			litional d
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Registered	Agent	
APPLICATE THE PARTY OF A				Name				
NEWMAN 355 OCE	i, elliot s An Blyd.		Street Address		(P.O. Box Number is Not Acceptable)			
	BEACH FL 33160						·	
				City		FL	Zip Code	э
	e named entity submits this statement folions of registered agent.			ed office or registe		n the State of Florida. I am	familiar with,	and accept
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State				on Campaign Financing Fund Contribution.		O May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	IANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEWMAN, ELLIOT S 355 OCEAN BLVD. GOLDEN BEACH FL 33160-2211	□ D 	NAM Stri				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	NAM STRI				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		□ D	elete TITLI	E	*		Change	☐ 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 🕸