

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000099410

1. Entity Name  
ABC 4 KIDS, INC.

Principal Place of Business Mailing Address  
2411 SOUTH HIGHWAY 77 2411 SOUTH HIGHWAY 77  
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444

2. Principal Place of Business 3. Mailing Address  
103 W. 23<sup>RD</sup> ST 103 W. 23<sup>RD</sup> ST.  
Suite, Apt. #, etc. E-7 Suite, Apt. #, etc. E-7

City & State Panama City, FL City & State Panama City, FL  
Zip 32409 Country USA Zip 32409 Country USA

4. FEI Number 59-3678050 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
SPIEGEL & UTRERA, P.A. Name  
343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)  
CORAL GABLES FL 33134 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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KLUG, LISA K 2411 SOUTH HIGHWAY 77 LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 W. 23 <sup>RD</sup> St. Suite E-7 Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLUG, GEORGE W 2411 SOUTH HIGHWAY 77 LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 W. 23 <sup>RD</sup> St., Suite E-7 Panama City, FL 32405 <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MM</i>
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 <i>KL</i>

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 *Lisa K Klug* Lisa K. Klug 9-10-01 850-215-2221  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
01-SEP-25 AM 9:51  
SECRETARY OF STATE  
DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)