## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0100000049 1. Entity Name

DOCUMENT # P0100000049  1. Entity Name  KALEIDOSCOPE LEARNING LAB, INC.  Principal Place of Business Mailing Address 1213 OAK AVENUE  NTAT 28, 2001 8:00 all Secretary of State 02-28-2001 90069 015 ***150.00	2001 U	NIFORM BUS	INESS REPO	RT (UBF	FILED
KALENOSCOPE LEARNING LAB, INC.  02-28-2001 90069 015 ***150.00  Principal Place of Business  173 OW MPRUE 174 OW MPRUE 175	DOCUMENT # P0100000049				Mar 28, 2001 8:00 am
1919 ONE APPENDIX   1919	KALEIDOSCO	PE LEARNING LAB, IN	<b>C.</b>		•
2. Principal Place of Business 1.556 Chandlee Avenue 1.556 Chandlee Avenue 1.556 Chandlee Avenue 2. Mailing Addiess 1.556 Chandlee Avenue 2. Suit. Apr. 8 oft.  Suit. Apr. 8 oft.  Suit. Apr. 8 oft.  Suit. Apr. 8 oft.  Coy & State Panama City, Florida 1. Supplementary of Country 32401 1. S. Confidence of States of States Desired 1. Supplementary of Country 32401 1. S. Hame and Address of Country Registered Agent 1. Name 1. Name and Address of States of States Desired 1. Supplementary of Country 1. Supplementary of Supplementary o	Principal Place of 8	usiness	Mailing Address	<del></del> _	
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Panama City, Florids Panama City, Florids Panama City, Florida 59-3693995 32401 U.S. a. Certificate of Status Desired Foo Reputed To	1556 Chandlee Avenue		1556 Chandlee Avenue		DO NOT WRITE IN THIS SPACE
Panama City, Florida   Panama City, Plorida   59-3693995   Mat Applicable   720   72	City & State			· · · · · · · · · · · · · · · · · · ·	4. FE) Number Applied For
Standard Registered Agent  1. Name and Address of Currant Registered Agent  The Received Agent  Name  Tenesus M. Matrison  Tenesus M. M		ity, Florida	Panama City,		59–3693995 Not Applicable
HUGHES, J. ROBERT. ESO:  Tenessa. N. Matteon*  Signal Address of Pot Door Namber is rich acceptability.  Tenessa. N. Matteon*  Signal Address of Pot Door Namber is rich acceptability.  The above named entity submits this statement for the purpose of changing its registered office or registered name, or born, in the State of Poristo.  SIGNATURE Address for Pot Door Namber is rich acceptability.  SIGNATURE Address for the purpose of changing its registered office or registered name, or born, in the State of Poristo.  SIGNATURE Address for the purpose of changing its registered office or registered name, or born, in the State of Poristo.  SIGNATURE Address for the purpose of changing its registered office or registered name, or born, in the State of Poristo.  SIGNATURE Address for the purpose of changing its registered name of control adversariation.  SIGNATURE Address for the purpose of changing its registered name of control adversariation.  FILE NOW!!! FEE IS \$150.00  Address for the purpose of pu	•			l '	Foo Required
220 MCKENZIE AMENUE PANAMA CITY F. 32401  8. The above named critiy submits his statement for the purpose of changing its repairmed office or registered agent, or born, in the State of Portoc.  SIGNATURE Amenua A	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida.  SIGNATURE Appears, logal or prilife many displanes agent and to 1 acquisities.  Market Market Appears, logal or prilife many displanes agent and to 1 acquisities.  SIGNATURE Appears Appears Appears agent and to 1 acquisities.  SIGNATURE Appears Ap	220 MCKENZIE AVENUE			Ter Simil Ai 155	cress (P.O. Box Number is No. Acceptable)  Chandlee Avenue
SIGNATURE Commence and the problem name of registered again and of registered and decis to do so.    S. This cooperation is etiglible to settlety its intung bio				<u>l Pan</u>	ama City 32401
Tax filing requirement and efects to do so.   After MAY 1, 2001 Fee will be \$550.00   Nake Check Payable to Department of State   Trust Fund Contribution   Added to Fees   Ad	SIGNATURE SIMOR T Hothor Tuesa M Matter 2-23-02				
THE MAKE SIMET ADDRESS CITY-ST-2P  TITLE COMES STREET ADDRESS CITY-ST-2P  TITLE COMES CITY-ST-2P  TITLE C	Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00				50.00 Trust Fund Contribution. Added to Fees
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RAME SIRET ADDRESS CITY-ST-ZIP    Delete	NAME STREET ADDRESS		Li Delate	HAME STREET ADORESS	Linda Jones Mattson 8707 Jeffery Road
CITY-ST-ZP    Delete   TITLE   Delete   Delete   TITLE   Delete	TITLE		☐ Delate	TITLE .	1200 1100110
TITLE    NAME   STREET ADDRESS   CITY-ST-ZP   CTANGE   Addition	1 1				
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  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 coath; that I am onlineer or the receiver of lurises emonymetred in a report as report as you are short as report as report as report as preparate in Section 119.07(3)(i), Florida Statutes, i further certify that the information and officer or directors.	NAME . STREET ADDRESS	مند.	Delete	NAME STREET ADDRESS	U Marge U Automoti
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13. I hereby certify that the information supplied with this filling 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 further among the initiation of the corporation or the receiver or further among the initiation of the corporation or the receiver or further among the initiation of the corporation or the receiver or further among the first report as required by Chapter 607. Rodda Statutes; and that my name appears in Block 11 or Block 12 if	TITLE NAME STREET ADDRESS		☐ Celete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
SIGNATURE: Signature: 3-1/- 07	13. I hereby certificated on to of the corpora changed, or o	an an attachment with an accises	with this filling does not qualify fe it is true and accurate and that inpowered to execute this report is, with all other like empowered	or the exemption sta my signature shall it as required by Ch	3-11-01