

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100568

Entity Name: KIDS ON STAGE INC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

4054 LOUIS AV
HOLIDAY, FL 34691

New Principal Place of Business:

4220 LOUIS AV
HOLIDAY, FL 34691

Current Mailing Address:

4054 LOUIS AV
HOLIDAY, FL 34691

New Mailing Address:

4220 LOUIS AV
HOLIDAY, FL 34691

FEI Number: 26-3760238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNELL, JOSEPH R
2700 COVE CAY DR/ SUITE 6D
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PENNELL, JOSEPH R
Address: 2700 COVE CAY DR/SUITE 6D
City-St-Zip: CLEARWATER, FL 33760

Title: VT (X) Delete
Name: RODEHO, CONSTANCE
Address: 694 CYPRESS ST
City-St-Zip: NEW MILFORD, NJ 07646

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH PENNELL

PRES

03/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date