SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 SEP -3 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012015 (2)**

1. Corporation Name

PLANET KIDZ, INC.

Principal Place of Business	Mailing Address
3960 RCA BLVD #6002 PALM BCH GARDENS FL 33410 US	3960 RCA BLVD #6002 PALM BCH GARDENS FL 33410 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 08/08/1995
4. FEI Number: [redacted] APPLIED FOR ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERDICARO, CHARLES
~~9910 ALTERNATE A-1-A~~
~~SUITE 706~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3960 RCA BLVD
83 SUITE 6002
84 City PALM BEACH GARDENS FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PERDICARO, ANTHONY	
STREET ADDRESS	~~9910 ALTERNATE A-1-A SUITE 706~~	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL 33410~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3960 RCA BLVD - SUITE 6002	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200001943032
-09/10/96--01046--003
****225.00 ****225.00

A. Alan
9-3-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 8/1/96 561-775-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-092

02/08/1996 03:42 4074330390 PAGE 01

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
PLANET KIDZ, INC.

2 Trade name of business, if different from name in line 1 | 3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
3960 RCA BLVD. STE 6002

4b City, state, and ZIP code
PALM BEACH GARDENS, FL. 33410

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located
PALM BEACH, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor -- SSN required (See instructions.) ▶ ANTHONY FERDINAND

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☒ Other corporation (specify) INDOOR REC. CTR.
- ☐ Federal government/military
- ☐ Church or church controlled organization
- (enter GEN if applicable)
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
2/8/93

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year) Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶ | Nonagricultural | Agricultural | Household

14 Principal activity (See instructions.) ▶ INDOOR REC CENTER

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☒ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ PLANET ICE, INC. Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year): 6/9/94 | City and state where filed: ATLANTA GA. | Previous EIN: 65 0498378

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶

Signature ▶ Anthony Ferdinand Date ▶ 9/5/96

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying