FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029622 (5)

1. Corporate Name
JUS KIDDIN' AROUND, INC.

Principal Place of Business
2000 UNIVERSAL STUDIOS PLAZA
SUITE 603
ORLANDO FL 32819

Mailing Address
2000 UNIVERSAL STUDIOS PLAZA
SUITE 603
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994

3a. Date of Last Report:

4. FEI Number: 59 324-0753 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — County — 30

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

BLANCHARD, MAX
2000 UNIVERSAL STUDIOS PLAZA
SUITE 603
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANCHARD, MAX
STREET ADDRESS	2000 UNIVERSAL STUDIOS PLAZA, #603
CITY, ST, ZIP	ORLANDO FL 32819

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE	D	[ ] Change [X] Addition
NAME	Jon S. Adkins	
STREET ADDRESS	4701 Ponce de Leon Blvd #350	
CITY, ST, ZIP	Coral Gables FL 33134	
TITLE	D	[ ] Change [X] Addition
NAME	Mike Lanza	
STREET ADDRESS	2000 Universal Studios Plaza #603	
CITY, ST, ZIP	Orlando, Fl 32819	
TITLE	~~D~~	[ ] Change [ ] Addition
NAME	~~MAX Blanchard~~	
STREET ADDRESS	~~2000 Universal Studios PLAZA #603~~	
CITY, ST, ZIP	~~ORLANDO, FL 32819~~	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. To the best of my knowledge, I certify that the information contained with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. Further, I certify that the information indicated on the 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 or another empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of current corporate records with an address.

SIGNATURE: Sec. MAX BLANCHARD Sec. 4-28-95 (407)363-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

0061284 CP