

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068675

1. Entity Name

LEAPFROG PRODUCTIONS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90427 011 ***158.75

Principal Place of Business

515 NORTH FLABLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401

Mailing Address

515 NORTH FLABLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401

C0055018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29 Dogwood Circle
Suite, Apt. #, etc.

3. Mailing Address

29 Dogwood Circle
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number 65-0543953

Applied For
Not Applicable

Zip

33436

Country

U.S.A.

Zip

33436

Country

USA

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

6. Name and Address of Current Registered Agent

GORDON, ROBERT E ESQ.
515 NORTH FLABLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name PATRICIA SHERMAN

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

29 Dogwood Circle

City Boynton Beach

FL

Zip Code

33436

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 Patricia Sherman, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, LEESA	
STREET ADDRESS	1836 EMILIO LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, PATRICIA	
STREET ADDRESS	2275 S OCEAN BLVD #308N	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherman, Patricia	
STREET ADDRESS	29 Dogwood Circle	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Patricia Sherman President/Director 4-11-01 561-649-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)