2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000086375 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name CHILD SITE CORP. 04-19-2000 90056 005 ***150.00 Principal Place of Business Mailing Address 621 NW 53RD ST. 621 NW 53RD ST. SUITE 450 SUITE 450 BOCA RATON FL 33487 **BOCA RATON FL 33487-8283** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0624523 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent, Name YOUNG, IRA L Street Address (P.O. Box Number is Not Acceptable) 621 NW 53RD ST. SUITE 450 **BOCA RATON FL 33487** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition □ Chance TITLE TITLE XX Delete WEISSMAN, RICHARD S NAME NAME STREET ADDRESS STREET ADDRESS 621 NW 53RD ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** X Addition TITLE President/Treasurer [] Change TITLE ☐ Delete NOVAS, ALFRED NAME Novas, Alfred STREET ADDRESS 621 NW 53RD ST SUITE 450 STREET ADDRESS 621 N.W. 53rd Street, SUite 450 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487** Boca Raton, FL 33487 ☐ Change Addition ☐ Delete TITLE TITLE EISENBERG, MARK NAME STREET ADDRESS 621 NW 53RD ST SUITE 450 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Novas,

994-6226