2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90243 008 ***150.00

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DOCUMENT # P96000093761

1. Entity Name
KALEIDOSCOPE, INC.

Principal Place of Business	Mailing Address
~~904 S. WESTSHORE BLVD.~~	~~904 S. WESTSHORE BLVD.~~
~~TAMPA FL 33629~~	~~TAMPA FL 33629~~

20034343

2. Principal Place of Business		3. Mailing Address	
3301 BAYSHORE BLVD.		3301 BAYSHORE BLVD.	
Suite, Apt. #, etc. UNIT 809		Suite, Apt. #, etc. UNIT 809	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33629	Country	Zip 33629	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3415194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATKINS, CARL T CPA	Name
7345 JACKSON SPRINGS ROAD #3	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33634	City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SINSLEY, HOWARD	NAME	
STREET ADDRESS	~~904 S. WESTSHORE BLVD.~~ 3301 BAYSHORE BLVD UNIT 809	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SINSLEY, NINA JANE	NAME	
STREET ADDRESS	~~904 S WESTSHORE BLVD~~ 3301 BAYSHORE BLVD UNIT 809	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] HOWARD L. SINSLEY 4-21-03 813-839-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #