

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000101598**

1. Entity Name

**SESAME STREET PRODUCTIONS, INC.**

Principal Place of Business

**399 NW 2ND AVENUE  
BOCA RATON FL 33432**

Mailing Address

**399 NW 2ND AVENUE  
BOCA RATON FL 33432**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**WHEELER, CHRISTOPHER C ESQ.  
2255 GLADES ROAD STE 340W  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, RICHARD L</b>	
STREET ADDRESS	<b>399 NW 2ND AVENUE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAINGOT, DAPHNE A.</b>	
STREET ADDRESS	<b>399 N.W. BOCA RATON BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
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	<b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Judith A. Loglisci</b>	
STREET ADDRESS	<b>399 N.W. Boca Raton Blvd.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Schmidt

Date

Daytime Phone #

(561)392-4717

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90019 035 \*\*\*150.00

120010



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0713077**

Applied For

Not Applicable

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

CR2E034 (10/00)