2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700045096 1. Entity Name SNAPPIT TOY, INC.							Apr 25, 2000 08:00 AM Secretary of State			
				ailing Address OX CHASE CT						
MIAMI 33155		FL US	FREEHOLD 07728	U	NJ S					
2. Principal Place of Business 3. Mailing Address 17388 BOCA CLUB BLVD.										
Suite, Apt. #, etc. UNIT # 206 Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State BOCA RATON FL			City & State			FEI Number 5-0759408		Applied For Not Applicable		
Zip 33487		Country US	Zip		Country	5.	Certificate of Status Desired	\$8.75 Fee Requ	Additional uired	
	6. Name	and Address of Cu	irrent Registered Ag	ent		7.	Name and Address of New Regis	stered Agent		
FRED G. PRICHASON, P.A. 16931 NORTHEAST SIXTH AVENUE						Name Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH FL								•		
33162 . US						FL Zip Code			ode	
8. The above	named entit	y submits this staten	nent for the purpose of	of changing its reg	istered office o	registered a	gent, or both, in the State of Florida	L.		
SIGNATURE.	Signature, typed	or printed name of registere	d agent and title if applicable	(NOTÉ Res	gisterad Agent signat	ure required when		04/25/200 DATE	<u>)0 </u>	
Tax filing a	-	ible to satisfy its Inta and elects to do so.	_ Aff	FILE NOW!!! F er MAY 1, 2000 Check Payable I	Fee will be \$!	50.00	Election Campaign Financ Trust Fund Contribution.	, — 4 4	5.00 May Be ded to Fees	
11.		OFFICERS	AND DIRECTORS		12.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 11	
TITLE NAME	VPS HESS	AT ANI		☐ Delete	T.TLE NAME	VPS HESS	ALAN	Chang	je 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP		ALAN 75TH AVE	זיתו	33155	STREET ADDRESS CITY-ST-Z/P	l	OCA CLUB BLVD. UNIT 200	6 FL 33487		
						 -	ATON			
NAME STREET ADDRESS		ALEX AVE #2414		□ Delete	T.TLE NAME STREET ADDRESS	PTD HESS 101 WES	ALEX T 23RD ST. PMB 2414	Chang	ge 🔲 Addition	
CITY-ST-ZIP	NEW YO	RK	NY	10010	CITY-ST-ZIP	NEW YO	RK	NY 10011		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	je 🔲 Addition	
indicated of the cor	on this repor poration or th	t or supplemental re he receiver or trustes	port is true and accu	rate and that my si ute this report as r	ionature shall h	ave the same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath rida Statutes; and that my name ap	that Laman offic	cer or director - L	

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