2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000101002 DOCUMENT # 1. Entity Name HAPPY TIME ENTERPRISES, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90168 005 ***150.00

Principal Place of Business % HARRIS TRUST/BANK OF MONTREAL 777 S. FLAGLER DR STE 140 WEST PALM BEACH FL 33401 US			Mailing Address % HARRIS TRUST/BANK OF MONTREAL 777 S. FLAGLER DR., STE 140 WEST PALM BEACH FL 33401 US									
2. Principal Place of Business				3. Mailing Address				S LEASTERN SIN FREST ORBIT AND		0	90f19 ([B] !0 8)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				-FEI Number -65-07973	17	_ 	oplied For ot Applicable	
Zip	Country			Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current R				tegistered Agent			7. Name and Address of New Registered Agent					
						Name						
INTRASTATE REGISTERED AGENT CORPORA				ATION			Street Address (P.O. Box Number is Not Acceptable)					
% HOLLAND & KNIGHT LLP				Silee			ist Address (1.0. Dox Nutriber is Not Acceptable)					
701 BRICK	KELL AVENU	JE., STE 3000										
MIAMI FL 33131						City FL Zip Code					e	
8 The above	named entity	v submite this statement fo	or the pure	accord changing its	rogietora	od office or	ragietarad a	agent, or both, in the State of		omiliar with	and accept	
the obligat	tions of regist	ered agent.	л ине рагр	oose of changing its	iedistele	ed Office of	registered a	agent, or boar, in the state of	rriorida. Tairr	anima win,	аго ассері	
SIGNATURE .	_	· · · · · · · · · · · · · · · · · · ·										
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	Agent signatur	e required when	reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State					9. Election Campaigr Trust Fund Contrib			May Be to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		A	ADDITIONS/CHANGES TO (OFFICERS AND	DIRECTORS	S IN 11	
TITLE	DVT			☐ Delete	TITLE					☐ Change	Addition	
NAME		, MARYROSE SISTER			NAME							
STREET ADDRESS				PO BOX 8246		ET ADDRESS		·				
CITY-ST-ZIP	WEST PAL	M BEACH FL 33407.			CITY-	ST-ZIP						
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NAME		CHRISTOPHER J SR			NAME				;			
STREET ADDRESS CITY-ST-ZIP		B of:Montreal , 777 M Beach FL 33401	S FLAG			T ADDRESS	*** ~ <u>**</u>			- . =.1		
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increase certain that the information supplied with this filling 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 empowared to execute this peach 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 the first productions.

SIGNATURE:

SIGNATURE AND TYPED OR ERRINT O NAIS TO PHUNG DE DESTINOSIRECTOR