2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P98000043052 1. Entity Name SHOWTIME FOR KIDS, INC. 04-17-2001 90086 049 ***150.00 Principal Place of Business Mailing Address 1096 NW 98 TERRACE 1096 NW 98 TERRACE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0846549 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCHANT, MADELIN 8502 S.W. 8TH STREET SUITE A MIAMI FL 33144 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE NAME GOTTFRIED, ELLEN R NAME STREET ADDRESS STREET ADDRESS 1096 N.W. 98TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33144 Delete ☐ Change ☐ Addition TITI F TITLE MARCHANT, MADELIN NAME NAME STREET ADDRESS STREET ADDRESS 8502 S.W. 8TH ST SUITE A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 arraddress, with all other like

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF