2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90046 023 ***150.00

DOCUMENT # P98000057953

1. Entity Name
ENCHANTED MOMENTS INC.

Principal Place of Business	Mailing Address
3060 GRAND BAY BLVD. UNIT 186 LONGBOAT KEY FL 34228	3060 GRAND BAY BLVD. UNIT 186 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
270 ACORN LANE	270 ACORN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTHPORT CT	City & State: SOUTHPORT CT
Zip: 06490 Country: US	Zip: 06490 Country: US

4. FEI Number 06-1220610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNIS, JEFFREY
3060 GRAND BAY BLVD, UNIT 186
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNIS, JEFFREY 3060 GRAND BAY BLVD. LONGBOAT KEY FL 34228 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNIS JEFFREY 4655 TOWER HILL LANE SARASOTA FL 34238 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS KENNIS, BERNARD 6040 BLVD. E. W FIT NY NJ 07093 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] - JEFFREY KENNIS 4/23/01 203 254 7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)