2000 UNIFORM BUSINESS REPORT (UBR) Jun 22, 2000 8:00 am DOCUMENT # P99000005580 1. Entity Name **Secretary of State** Kids Central Station, Inc. 06-22-2000 90049 007 ***558.75 Principal Place of Business Mailing Address SAME 9858 Glades Road Suite 2000 Boca Raton, FL 33434 00065644 2. Principal Place of Business 3. Mailing Address 9858 Glades Road SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2000 City & State City & State Applied For 4. FEI Number Boca Raton. Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\mathbf{x}\mathbf{x}$ US Fee Required - - E. -Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joshua G. Gerstin, Esq. Ryan Rubenstein 9858 Glades Road Street Address (P.O. Box Number is Not Acceptable) 1515 North Federal Highway Suite 2000 Boca Raton, FL 33434 Suite 300 City Boca Raton Zip 33432 FL The above 🛪 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE Fed stered Agent signature required egistered agent and title if applicable FILE NOWIH FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do sc. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President Delete President, Secretary, Treas.XX Change XX Addition Ryan Rubenstein Patricia Conte 985& Glades Road, Ste 2000 STREET ADDRESS 9858 Glades Road, Ste 2000 Boca Raton, FL 33434 CITY-ST-ZIP Boca Raton, FL 33434 Addition ☐ Delete ☐ Change TITLE NAME ---- 1009555 STREET ADDRESS ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS ST-7iP CITY-ST-ZIP ☐ Delete ☐ Change Addition -- *<u>D</u>DDDEGG STREET ADDRESS ST 7!P CITY-ST-ZIP □ Defete ☐ Change Addition NAME , vinanced STREET ADDRESS - ST-712 CITY-ST-ZIP ☐ Delete ☐ Change Addition 🔲 ALMARCS STREET ADDRESS ST-ZIP CITY-ST-ZIP 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 teport 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 do an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR