2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 08:00 AM DOCUMENT # P9900008326 1. Entity Name **Secretary of State** KIDZ DEALZ, INC. Principal Place of Business Mailing Address 1110 CHESTNUT LANE 1110 CHESTNUT LANE HOLLYWOOD HOLLYWOOD FL FL 33019 33019 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 65-0897044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRAWFORD 1110 CHESTNUT LANE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD 33019 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change X Addition NAME CRAWFORD KENNETH STREET ADDRESS STREET ADDRESS 1110 CHESTNUT LANE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD 33019 TITLE ☐ Delete TITLE PRES ☐ Change X Addition NAME NAME CRAWFORD LISA APRES STREET ADDRESS STREET ADDRESS 1110 CHESTNUT LANE CITY-ST-ZIF CITY-ST-ZIP HOLLYWOOD FT. 33019 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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.

CITY-ST-7/8

CIONATUDE. Lies Crawford

CITY-ST-7IP