

**2000 UNIFORM BUSINESS REPORT (UBR)**

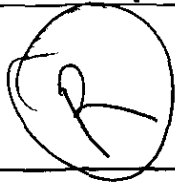
5/1

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90269 003 \*\*\*150.00

**DOCUMENT # P99000010624**

1. Entity Name  
**KDF TOYS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br>C/O CHOPIN & MILLER<br>440 ROYAL PALM WAY, SUITE 200<br>PALM BEACH FL 33480 | Mailing Address<br>C/O CHOPIN & MILLER<br>440 ROYAL PALM WAY, SUITE 200<br>PALM BEACH FL 33480-4142 |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>505 S. Flagler Drive</b><br>Suite, Apt. #, etc.<br><b>Suite 300</b> | 3. Mailing Address<br><b>505 S. Flagler Drive</b><br>Suite, Apt. #, etc.<br><b>Suite 300</b> |
|--|--|

|  |  |
|--|--|
| City & State<br><b>West Palm Beach, FL</b> | City & State<br><b>West Palm Beach, FL</b> |
| Zip<br><b>33401</b>                        | Country<br><b>USA</b>                      |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0892640</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHOPIN, L FRANK**  
**C/O CHOPIN & MILLER**  
**440 ROYAL PALM WAY, SUITE 200**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>505 S. Flagler Drive, Suite 300</b> |
| City<br><b>West Palm Beach</b>   |
| State<br><b>FL</b>   |
| Zip Code<br><b>33401</b>   |

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 \_\_\_\_\_ (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, 2000 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                               |                                 |
|--|---------------------------------|
| TITLE<br><b>PD</b>                                       | <input type="checkbox"/> Delete |
| NAME<br><b>FORD, KATHLEEN DUROSS</b>                     |                                 |
| STREET ADDRESS<br><b>505 S. Flagler Drive, Suite 300</b> |                                 |
| CITY-ST-ZIP<br><b>West Palm Beach, FL 33401</b>          |                                 |
| TITLE<br><b>SD</b>                                       | <input type="checkbox"/> Delete |
| NAME<br><b>CHOPIN, L. FRANK</b>                          |                                 |
| STREET ADDRESS<br><b>505 S. Flagler Drive, Suite 300</b> |                                 |
| CITY-ST-ZIP<br><b>West Palm Beach, FL 33401</b>          |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS   |                                 |
| CITY-ST-ZIP  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS   |                                 |
| CITY-ST-ZIP  |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| 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 an address, city, state or zip code empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/00 (561) 655-9500**  
 Date Daytime Phone #

CR2E034 (9/99)