2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000056840** 1. Entity Name DISCOVERY KIDS OF JUPITER, INC. 04-17-2000 90061 038 ***150.00 Principal Place of Business Mailing Address 6070 WOLF-STREET 6070 WOLF STREET PALM BEACH GARDENS FL 23418 PALM BEACH GARDENS FL 33418 311 W. FIRST Jupiter, FL. 3. Mailing Address 3// WKT 2. Principal Place of Busines St Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number 92 - 8790 City & State Applied For City & State ... UPITER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired AZU Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 B-202 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 STOPHEN FLLIS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D - VP - SEC/FRAS TITLE ☐ Delete TITLE Change Addition LORÍ INOT LAURIE MIRANDA, LAURIE NAME NAME STREET ADDRESS STREET ADDRESS 6070 WOLF-STREET CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MARANDA, MARCOS STREET ADDRESS STREET ADDRESS 2070 WOLF STREET CITY-ST-ZIP CITY-ST-7IP POLM BEACH GARDENS F1 33418 ☐ Change Addition Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME 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

1/21/00 561-747-149