

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90381 016 ***550.00

05/4/02 AT

DOCUMENT # F99000006281
 1. Entity Name
KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.

Principal Place of Business Mailing Address
844 MORAGA DRIVE **844 MORAGA DRIVE**
LOS ANGELES CA 90049 **LOS ANGELES CA 90049**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

4. FEI Number: **68-0441832** Applied For
~~95-4753607~~ Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
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 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME DCEO PACKARD, RONALD J 844 MORAGA DRIVE LOS ANGELES CA 90049	<input type="checkbox"/> Delete
TITLE NAME PTD YALOW, ELANNA S 4340 REDWOOD HIGHWAY, BLDG. B SAN RAFAEL CA 94903-2121	<input type="checkbox"/> Delete
TITLE NAME SD DEVINE, FRANK A 4340 REDWOOD HIGHWAY, BLDG. B SAN RAFAEL CA 94903-2121	<input type="checkbox"/> Delete
TITLE NAME AT PELLERITI, JON 501 LAKEVILLE STREET, SUITE D PETALUMA CA 94952	<input checked="" type="checkbox"/> Delete
TITLE NAME AS MARON, STANLEY E 844 MORAGA DRIVE LOS ANGELES CA 90049	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME CFO MARK FULLER 4340 REDWOOD HIGHWAY, BLDG B SAN RAFAEL, CA 94903-2121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank A. Devine (Secretary) 5/1/02 415-444-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)