

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91775 002 ****61.25

DOCUMENT # F01000000551

1. Entity Name

MAGNET SCHOOLS OF AMERICA, INC.

Principal Place of Business

Mailing Address

PO BOX 600490
 NORTH MIAMI BEACH FL 33160

PO BOX 600490
 NORTH MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

733 15th St. NW

PO Box 600490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Washington, DC

N. Miami Beach, FL

Zip

Country

Zip

Country

20005

US

33160

US

4. FEI Number

76-0428386

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, JUDITH
 1750 N.E. 167 STREET
 NORTH MIAMI BEACH FL 33162

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

Judith S. Stein

3/19/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREER, DONNA G 1900 NORTH MAIN, STE 101 NORTH LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSIDY, CHARLES 165 CAPITOL AVENUE, RM 302 HARTFORD CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGNOTTA, WILLIAM 165 CAPITOL AVENUE, RM 302 HARTFORD CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN, ABROGAST M 330 FOREST HILL BLVD., A-242 WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, ROBERT 145 STONEDALE ROAD WARWICK RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLES, SANDRA B 40 DOUGLASS AVENUE ROANOKE VA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Creer, Donna G 1920 N. Main, St North Little Rock, AR 72114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cassidy, Charles PO Box 2219 Hartford, CT 06145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Magnotta, William PO Box 2219 Hartford, CT 06145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Elia, MaryEllen 901 E. Kennedy Blvd Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooks, Robert 145 Stonedale Road Warwick, RI 02889-1813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Creekmore, Diane 14900 Aldine Westfield Road Houston, TX 77032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith S. Stein

3/19/02

954-262-8742

Date

Daytime Phone #

CR2E037 (9/01)