2001 UNIFORM BUSINESS REPORT (UBR) F93000003650 DOCUMENT # F93000003650 FILED 1. Entity Name LANGUAGE STUDIES INTERNATIONAL INC. 01 JUL 16 AM 11: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailino Address 1706 FIFTH AVENUE 1706 FIFTH AVENUE SAN DIEGO CA 92101 SAN DIEGO CA 92101 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 40004 City & State City & State Applied For 13-3158005 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delate Change Addition TITLE TITLE JOHNSON, KAREN NAME NAMÉ 2446 HARTFORD STREET STREET ADDRESS: STREET ADDRESS SAN DIEGO CA 92101 at CITY-ST-ZIP CITY-ST-7/P ■ Addition ☐ Delete ☐ Change TITLE TITLE IMMANUEL, DAVID NAME NAME **40 FERNCROFT AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONDON ENGLAND NW37PE Change - Addition -- -- Delete = TITLE TITLE-JOHN BAILEY 19-21 RIDGEMOUNT STREET NAME NAME STREET ADDRESS STREET ADDRESS WOUND WCIE 744 ENGLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE ☐ Delete TITLE ARTHUR HAWKINS 101-108 Nelson Street NAME NAME STREET ADDRESS STREET ADDRESS VANCOUVERBC V62-2.112 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition 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 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 activate 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 otherlike empowered. SIGNATURE: OF SIGNING OFFICER OR DIRECTOR