2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

Zip

JACKSONVILLE FL 32205

Suite, Apt. #, etc.

City & State

DOCUMENT # N0000004513

Country

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32205

Suite, Apt. #, etc.

City & State

Zip

2151 SOUTH LANE AVE., SUITE 304

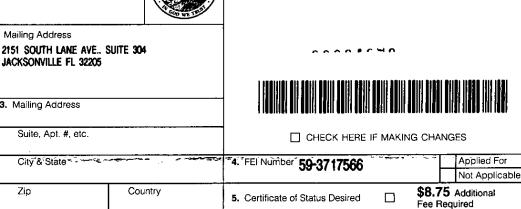
2. Principal Place of Business

DYNAMIC EDUCATIONAL PROGRAM, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90126 031 ****61.25



THOMPSON, WILLIAM L JR. 2301 PARK AVE., SUITE 404 **ORANGE PARK FL 32073**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is No	t 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable the second second Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition ☐ Delete NAME BROWN, ROBERT NAME 2151 SOUTH LANE AVE., SUITE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE BROWN, GWENDOLYN NAME NAME STREET ADDRESS 2151 SOUTH LANE AVE., SUITE 304 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32205 CITY-ST-7IP ☐ Addition Delete TITLE Change MOORE, MAMIE NAME NAME 2151 SOUTH LANE AVE., SUITE 304 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

047860230