2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
05-05-2003 91157 033 ***150.00

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DOCUMENT # P97000077773

1. Entity Name
LEARNING POINT, INC.

Principal Place of Business	Mailing Address
20 NORTH ORANGE AVE. SUITE 301 ORLANDO FL 32801	20 NORTH ORANGE AVE. SUITE 301 ORLANDO FL 32801

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12565 Research Parkway	12565 Research Parkway
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Orlando, FL 32826	City & State: Orlando, Florida
Zip: 32826 Country: USA	Zip: 32826 Country: USA

4. FEI Number 59-3558882 ☐ 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
THOMPSON, SHANNON 807 RIVER BOAT CIRCLE ORLANDO FL 32878	Name: James Fadigan Street Address (P.O. Box Number is Not Acceptable): 244 9524 Waterview Place Windermere City: Windermere FL Zip Code: 34786

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP FADIGAN, JAMES F. 20 N ORANGE AVE. STE 301 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS FRESONKE, DEAN 20 N ORANGE AVE STE 301 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12565 Research Parkway STE 300 Orlando, FL 32826
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: James Fadigan SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #