2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am DOCUMENT # P9900036236 **Secretary of State** THE CENTER FOR ONLINE LEARNING, INC. 02-02-2001 90279 007 ***150.00 Principal Place of Business Mailing Address 610 WEST DELEON STREET 610 WEST DELEON STREET TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3573797 Not Applicable Zip Country Zip 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 MARX, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 610 WEST DELEON STREET TAMPA FL 33606 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change Delete TITLE TITLE NAME MARX, STEVEN A NAME STREET ADDRESS STREET ADDRESS 610 WEST DELEON STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOPES, JAMES B NAME NAME STREET ADDRESS 610 WEST DELEON STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **TAMPA FL 33606** ☐ Change ·-☐'Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS

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 chapted or on a stackment with an address. with all other like empowered.

CITY-ST-ZIP

SIGNATURE

DATE OF THE OF PRINTED NAME OF SUNING OFFICER OF DIRE

1/29/11 Date

813-254-2222 Daytime Phone #