

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90113 001 ***300.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000039468**
 1. Entity Name

LEARNING YOUR WAY, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 2. Principal Place of Business 5400 University Drive Suite, Apt. #, etc. Suite 415 City & State Davie, Florida Zip 33328 Country U.S.A. | | 3. Mailing Address 200 S.E. Sixth Street Suite, Apt. #, etc. Suite 100E City & State Fort Lauderdale, Florida Zip 33301 Country U.S.A. | |
|--|--|---|--|

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| 4. FEI Number 65-0915022 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

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|--|
| Name WEINER, RICHARD M., ESQ. |
| Street Address (P.O. Box Number is Not Acceptable) 200 S.E. Sixth Street |
| Suite 100E |
| City Fort Lauderdale, FL Zip Code 33301 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

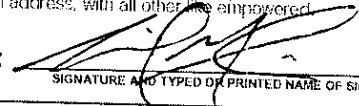
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD WEINER, WENDY H. 10244 S.W. 18TH STREET DAVIE, FL 33324-7435 | TITLE NAME STREET ADDRESS CITY- ST- ZIP |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP V/T/D WEINER, RICHARD M. 10244 S.W. 18TH STREET DAVIE, FL 33324-7435 | TITLE NAME STREET ADDRESS CITY- ST- ZIP |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other persons empowered.

SIGNATURE:  **Richard M. Weiner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-02 (954) 525-6455
 Date Daytime Phone #

CR2E034B (12/01)