

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91129 036 ***150.00

DOCUMENT # P10536

1. Entity Name
LEARNING TECHNOLOGIES LTD. INC.

Principal Place of Business ABBOTT BLDG., 2ND FL., P.O. BOX 933 ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLAND	Mailing Address ABBOTT BLDG., 2ND FL., P.O. BOX 933 ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLAND
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number	59-2621441	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATTEN, MICHAEL R. 1540 THE GREENS WAY JACKSONVILLE BEACH FL 32250		Name	
		Street Address (P.O. Box Number is Not 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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMATHERS, BRUCE A. 4051 TIMUQUANA RD JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HERBERT W. SCHEIDEL 821 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FLORIDA 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HASKELL W 4302 EVERGREEN LANE, STE 101 ANNANDALE VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON KOHEN 4748 SOUTH OCEAN BLVD. APT. #206 HIGHLAND BEACH, FLORIDA 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, PETER 9855 REGENCY SQUARE BLVD., APT. 111 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MICHAEL J. WALTERS 1723 MORO STREET JACKSONVILLE, FLORIDA 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ROBERT A. JR. 229 PEACHTREE ST., STE. 2700 ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CARL E. 600 PEACHTREE ST., STE. 5200 ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BATTEN, MICHAEL R 3615 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL	TITLE NAME STREET ADDRESS 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Walters Date: 4/30/01 Daytime Phone #: (904) 273-0720

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CR2E034 (10/00)