


**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90084 015 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P10536**

1. Entity Name  
**LEARNING TECHNOLOGIES LTD. INC.**



90138007

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,



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2621441** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BATTEN, MICHAEL R.**  
**1540 THE GREENS WAY**  
**JACKSONVILLE BEACH, FL 32260**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMATHERS, BRUCE A. 4051 TIMUQUANA RD JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHEIDEL, HERBERT W 821 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHEN, SHELDON 4748 S OCEAN BLVD APT 206 BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ROBERT A. JR. 229 PEACHTREE ST., STE. 2700 ATLANTA, GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASEMAN, ROBERT L 6106 MISTY OAKS ST. SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTEN, MICHAEL R 3615 OCEAN DRIVE SOUTH JACKSONVILLE BEACH, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Robert A. Parker, Jr. **5/28/03** **404.420.4635**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)