

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000685

Entity Name: EDUCATION NETWORKS OF AMERICA, INC.**Current Principal Place of Business:**618 GRASSMERE PARK DRIVE, SUITE 12
NASHVILLE, TN 37211**Current Mailing Address:**618 GRASSMERE PARK DRIVE, SUITE 12
NASHVILLE, TN 37211 US**FEI Number: 62-1805864****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name PIERCE, DAVID M.
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title AS
Name HULL, AIMEE S.
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title AT
Name CHAFFIN, WARD
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title S
Name SCHMIDT, JEAN C.
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title TSVP
Name MILLER, REX
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title SVP
Name COLLIE, ROBERT
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WARD CHAFFIN**AT****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date