

2017 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 TREASURER
Name MILLER, REX
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title VP
Name SIMPSON, LENNY
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title VP
Name KELLOGG, LILLIAN
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 VP
Name NELSON, GAYLE
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title CHAIRMAN
Name VOGEL, ANDREW
Address 165 EAST 66TH STREET, APT 19B
City-State-Zip: NEW YORK NY 10065

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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**ASSISTANT TREASURER** 04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SAMMELL, SEYMOUR
Address 1796 EAST 4TH STREET
City-State-Zip: BROOKLYN NY 11223

Title DIRECTOR
Name SPORER, JASON
Address 24 5TH AVENUE, APT 1212A
City-State-Zip: NEW YORK NY 10003

Title SECRETARY
Name BRAUN, RUTH
Address 618 GRASSMERE PARK DRIVE, SUITE 12
City-State-Zip: NASHVILLE TN 37211

Title DIRECTOR
Name ZELNICK, STRAUSS
Address 115 EAST 67TH STREET, APT #9C
City-State-Zip: NEW YORK NY 10065

Title DIRECTOR
Name SCHELL, TED
Address 510 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name IRVING, LARRY
Address 2833 29TH ST., NW
City-State-Zip: WASHINGTON DC 20008