

**2016 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

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date