

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/13/00-90009-014-\$150.00-\$150.00

**DOCUMENT # 571688**

1. Entity Name  
**LEARNING CORP.**

Principal Place of Business  
**RR3 BOX E-10  
PROVO UT 84604  
US**

Mailing Address  
**RR3 BOX E-10  
PROVO UT 84604-9800  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**P.O. Box 1449**  
Suite, Apt. #, etc.  
City & State  
**Wilson, WY 83014**  
Zip Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**01 MAY 11 PM 2:21**

DO NOT WRITE IN THIS SPACE **00-01**

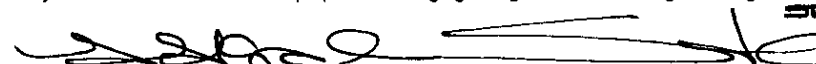
4. FEI Number **59-1836050** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**STEPHEN, KAPELOW  
1001 W CYPRESS CREEK RD  
STE 410 GOLUBSKI  
FT LAUDERDALE FL 3339**

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.

SIGNATURE  DATE **3/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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, 2000 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	<b>PDSF KAPELOW, STEPHEN RR3 BOX E-10 PROVD UT 84604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 1449 Wilson, WY 83014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **5/21/00** DAYTIME PHONE # **307 784 6062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EC-4 (9/96)