2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# 737014

Entity Name: FREEDOM LEARNING CENTER, INC.

Current Principal Place of Business:

17971 BISCAYNE BLVD, #107
MIAMI, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17971 BISCAYNE BLVD, #107
MIAMI, FL 33160 US

New Mailing Address:

FEI Number: 59-1753790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACE, LOUIS
1283 NW 163RD TERRACE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUTHERFORD, JOANN
Address: 16558 NE 26TH AVENUE, #3J
City-St-Zip: NO. MIAMI BEACH, FL 33160

Title: DV ( ) Delete
Name: CARUSO, JOANN
Address: 942 NE 199 ST #205
City-St-Zip: NO. MIAMI BEACH, FL 33179

Title: DT ( ) Delete
Name: ZWERNER, MILA
Address: 16570 NE 26TH AVENUE #6A
City-St-Zip: N MIAMI BEACH, FL 33160

Title: S ( ) Delete
Name: CARUSO, JOANN
Address: 942 NE 199 ST. #205
City-St-Zip: NO. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN RUTHERFORD PD 04/26/2002

Electronic Signature of Signing Officer or Director — Date