

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90039 004 \*\*\*150.00

**DOCUMENT # F00000005965**

1. Entity Name  
**EDUCATION NETWORKS OF AMERICA, INC.**

Principal Place of Business      Mailing Address  
**1101 MCGAVOCK ST      1101 MCGAVOCK ST**  
**NASHVILLE TN 37203      NASHVILLE TN 37203**

**953546**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>62-1805864</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>NATIONAL REGISTERED AGENTS INC</b> <b>526 E PARK AVE</b> <b>TALLAHASSEE FL 32301</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRANIER, ALBERT F III</b>			NAME	<b>Ganier, Albert F III</b>		
STREET ADDRESS	<b>1101 MCGAVOCK ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			CITY-ST-ZIP	<b>(miss spelled)</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BURCH, LUCIAS E III</b>			NAME			
STREET ADDRESS	<b>102 WOODMONT BLVD SUITE 320</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALEXANDER, LAMAR</b>			NAME			
STREET ADDRESS	<b>3401 WEST END AVE STE 520</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KANTER, DANIEL</b>			NAME			
STREET ADDRESS	<b>225 W WASHINGTON STE 1650</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAPERTON, GOVERNOR GASTON</b>			NAME			
STREET ADDRESS	<b>456 COLUMBUS AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10023-6992</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALSH, TOM</b>			NAME			
STREET ADDRESS	<b>155 PINE BROOK BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW ROCHELLE NY 10804</b>			CITY-ST-ZIP			

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: A. F. Granier III CEO - Albert F. Ganier, III      Date: 4/10/01  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone

CR2E034 (10/00)

11-15) 312-6000