2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 AM
Secretary of State

DOCUMENT# F00000006376

Entity Name: EDUCATOR'S LEARNING NETWORK, INC.

Current Principal Place of Business:

6944 FOXHILL LANE
CINCINNATI, OH 45235

New Principal Place of Business:

Current Mailing Address:

2710 REW CIR
SUITE 100
OCOEE, FL 34761

New Mailing Address:

FEI Number: 31-1487683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, E. NICHOLAS III
2710 REW CIR
SUITE 100
OCOEE, FL 34761 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEOD	( ) Delete
Name:	ROWEDDER, LARRY	
Address:	6944 FOXHILL LANE	
City-St-Zip:	CINCINNATI, OH 45235	
Title:	PD	( ) Delete
Name:	RUTHERFORD, MICHAEL	
Address:	2123 CRICKETWOOD CT	
City-St-Zip:	MATTHEWS, NC 28104	
Title:	VD	( ) Delete
Name:	HAGY, JOEL	
Address:	2710 REW CIR SUITE 100	
City-St-Zip:	CINCINNATI, OH 45235	
Title:	ST	( ) Delete
Name:	RUBEN, ANTHONY	
Address:	2710 REW CIR SUITE 100	
City-St-Zip:	CINCINNATI, OH 45235	
Title:	D	( ) Delete
Name:	KIRVEN, ROGERS W JR	
Address:	2710 REW CIR SUITE 100	
City-St-Zip:	CINCINNATI, OH 45235	
Title:	D	(X) Delete
Name:	DEVINE, DANIEL J	
Address:	2710 REW CIR SUITE 100	
City-St-Zip:	CINCINNATI, OH 45235	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	DEVINE, DANIEL J	
Address:	2710 REW CIRCLE, SUITE 100	
City-St-Zip:	OCOEE, FL 34761	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. DEVINE PD 02/15/2002

Electronic Signature of Signing Officer or Director — Date