## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000347

Entity Name: COMMUNITY EDUCATION PARTNERS, INC

FILED Feb 20, 2004 Secretary of State

		WITT EBOOK HONT / WITHER	,, ii <b>v</b> O.			
Current Principal Place of Business:				New Principal Place of Business:		
293 PLUS PARK BLVD STE. 240 NASHVILLE, TN 37217				2636 ELM HILL PIKE SUITE 500 NASHVILLE, TN 37214		
Current Mailing Address:				New Mailing Address:		
293 PLUS PARK BLVD STE. 240 NASHVILLE, TN 37217				2636 ELM HILL PIKE SUITE 500 NASHVILLE, TN 37214		
FEI Number: 62-1732399 FEI Number Applied For ( )			FEI Nur	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity: e of Florida.	submits this statement for the p	urpose o	of changing i	ts registered	office or registered agent, or both,
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	nt			Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RICHARDSON,	K BLVD STE. 240		Title: Name: Address: City-St-Zip:	RICHARDSON 2636 ELM HIL	L PIKE, SUITE 500
Title: Name: Address: City-St-Zip:	BAGGETT, PHI	K BLVD STE. 240		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	YOUNGTT, DAY	K BLVD STE. 240		Title: Name: Address: City-St-Zip:	JACOBY, JON	STREET, SUITE 2500
Title: Name: Address: City-St-Zip:	( )	) Delete		Title: Name: Address: City-St-Zip:	KOZLOWSKI,	SS AVENUE, SUITE 2900
Title: Name: Address: City-St-Zip:	( )	) Delete		Title: Name: Address: City-St-Zip:	DIR ( MCINNES, BII 116 30TH AVE NASHVILLE, T	ENUE SOUTH
Title: Name: Address: City-St-Zip:	( )	) Delete		Title: Name: Address: City-St-Zip:	DUNCAN, RO	SS AVENUE, SUITE 2900

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: PHIL BAGGETT DP 02/20/2004