

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91322 018 \*\*\*150.00

DOCUMENT # **F95000005898**

1. Entity Name

DYNAMIC EDUCATIONAL SYSTEMS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8433 N Black Canyon Hwy.

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
Suite 184

Suite, Apt. #, etc.

City & State  
Phoenix, Arizona

City & State

Zip  
85021

Country  
USA

Zip

Country

4. FEI Number  
86-0665593

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
C T CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City Plantation

FL

Zip Code  
33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$611.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
David L. Stout  
8433 N. Black Canyon Hwy Suite 18  
Phoenix, Az 85021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
Ralph A. Rockow  
8433 Black Canyon Hwy.  
Phoenix, AZ 85021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
M. Lisa Odle  
8433 N. Black Canyon Hwy Ste 184  
Phoenix, Az 85021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Stout

4-26-02

602-995-0116

Date

Daytime Phone #

CR2E034B (12/01)