2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000004025

ALCOTT, FARDEAN A

HEATHROW, FL

120 INTERNATIONAL PKWY, STE 220

Name:

Address: City-St-Zip:

Entity Name: LEARNING UNLIMITED INTERNATIONAL SCHOOLS, INC.

FILED Jan 15, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 650 RANTOUL LANE LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 650 RANTOUL LANE LAKE MARY, FL 32746 FEI Number: 31-0890594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, STEVE 650 RANTOUL LANE LAKE MARY, FL 32746 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALCOTT, WILLIAM M Name: Name: Address: 72 WOODLAND AVENUE Address: City-St-Zip: COLUMBUS, OH City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: FRASCH JR, JOSEPH F Name: Address: 72 WOODLAND AVENUE Address: City-St-Zip: COLUMBUS, OH City-St-Zip: Title: () Delete Title: () Change () Addition FIROUZIAN, MAJE Name: Name: 72 WOODLAND AVENUE Address: Address: City-St-Zip: COLUMBUS, OH City-St-Zip: Title: () Delete Title: () Change () Addition Name: MAXWELL, ELBERT W Name: Address: 72 WOODLAND AVENUE Address: City-St-Zip: COLUMBUS, OH City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FARDEAN ALCOTT V 01/15/2003