

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90278 004 ***150.00

DOCUMENT # F99000004580

1. Entity Name

LEARNINGSOFT CORPORATION

Principal Place of Business

**8880 NW 20 STREET
 SUITE G
 MIAMI FL 33172**

Mailing Address

**8880 NW 20 STREET
 SUITE G
 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8669 NW 36th St.

8669 NW 36th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Zip

Country

Country

33166

USA

33166

USA

4. FEI Number

65-0923539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, DAVID

**8880 NW 20 STREET SUITE G
 MIAMI FL 33172**

Name

COLE, DAVID

Street Address (P.O. Box Number is Not Acceptable)

8669 NW 36th St.

Suite 300

City

MIAMI

FL

Zip Code

33166

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CP**
 STREET ADDRESS **COLE, DAVID M**
 CITY-ST-ZIP **8880 NW 20 STREET SUITE G
 MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **W**
 STREET ADDRESS **GUPTA, SUNIL**
 CITY-ST-ZIP **8880 NW 20 STREET SUITE G
 MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID COLE

04/29/02

(305) 500-9959

CR2E034 (9/01)