## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

C/O EDUCATION MANAGEMENT CORPORATION

## K35087 DOCUMENT #

1. Entity Name

Principal Place of Business

ART INSTITUTE OF ORLANDO, INC.

C/O THE PRENTICE-ALL CORPORATION SYSTEM



## **FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90193 001 \*\*\*450.00

TALLAHASSEI US 2. Principal F		ess	PITTSBURG PA 15222 US  3. Mailing Address				_			
Suite, Apt. #, etc.			Up EDMC 310 SIXth Ave. Suite, Apt. #, etc. 33rd Ploor				<u>2.</u>	CHECK HERE IF MAKING CHANGES		
City & State			City & State P. H. Sburgh PA					FEI Number 25-1586847 Applied For Not Applicable		
Zip		Country	Zip	15222	Coun	try USA	5.	Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name	and Address of Current F	Registere	jistered Agent			7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE FL 32301						Name Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Code			
8. The above the obligate SIGNATURE	tions of registe	ered agent.			registere	ed office or reg	jistered aç	gent, or both, in the State of Florida. I am familiar with, and accept		
	Signature, typed o	r printed name of registered agent a	nd title if appl	licable. (NOTE	: Registered	d Agent signature red	quired when r	reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.		OFFICERS AND D	DIRECTO	RS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Name Street adoress City-St-Zip	D KNUTSON, 300 SIXTH PITTSBURG			☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 0111 ATE, 01111 E0011			•				☐ Change ☐ Addition		
TITLE NAME Street address City-St-Zip		6, FREDERICK W VE, 8TH FLOOR IH PA		□ Delete				☐ Change ☐ Addition .		
TITLE Name Street adoress City-St-Zip		SUSAN AVE 8TH FLOOR IH PA 15222		☐ Delete			, , ,	. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby c	certify that the	information supplied with t	his filing	Delete	CITY-	T ADDRESS ST-ZIP	n Section	Change Addition  119.07(3)(i), Florida Statutes. I further certify that the information lenal effect as if made under ceth, that I am an officer or director.		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

1/23/03

4/2-562-0900

Treas.