LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 20 PM 1:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000017615

1. Entity Name: SCHOOL PRIDE U.S.A. LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1193 GUILD ST	SAME
Suite, Apt. #, etc.: 2ND	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State
Zip: 33952 Country: CHARLOTTE	Zip Country

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRED HALL

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

1193 GUILD ST

City: PORT CHARLOTTE FL Zip Code: 33952

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / MANAGING DIRECTOR FRED HALL 1193 GUILD ST PORT CHARLOTTE, FL 33952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900005729899--5 -05/22/02--90234--001 ****372.50 *****55.00
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CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Fred Hall April 20, 2002 941-624-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #