Corrected a/o

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-25-2005 90134 009 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000030779

1. Entity Name

TLC Learning, LLC

30004394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6449 Boca Circle	6449 Boca Circle
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3123200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MATTIA M. NEPI

Street Address (P.O. Box Number is Not Acceptable): 6449 BOCA CIRCLE

City: BOCA RATON FL Zip Code: 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE______________________

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Partner	TITLE	
NAME	Mattia Nepi	NAME	
STREET ADDRESS	6449 Boca Circle	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Mattia M Nepi 3-22-05 561-901-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #