2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004615

1. Entity Name

LEARNING PAYS.COM, LLC

FILED

01 JUN -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
110 E. BROWARD BOULEVARD. SUITE 1900 FT.LAUDERDALE FL 33301	110 E. BROWARD BOULEVARD. SUITE 1900 FT.LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
P.O. Box 11-1405	P.O. Box 11-1405
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33111-1405 Country: USA	Zip: 33111-1405 Country: USA

4. FEI Number 65-0936721 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIMMIG, MARK F 4308 NE 22ND AVENUEE FORT LAUDERDALE FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIMMIG, MARK F. 159 S. MAIN ST. #725 Akron, Ohio 44308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMM, RITCHIE 4705 NE 23RD AVENUE FORT LAUDERDALE FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEA, THOMAS 2101 W. COMMERCIAL BLVD. # 2000 Ft. LAUDERDALE, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAREY, JOHN 6812 SW 78TH TERRACE MIAMI FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAREY, JOHN 3074 CENTER ST. MIAMI FL 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIZZO, JOHN 1416 PONCE DE LEON DR. FT.LAUDERDALE FL 33316 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KADRE, MANUEL 3201 NW. 72 Ave. MIAMI FL 33122 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELAM, JOYCE UNIVERSITY PARK MIAMI FL 33199 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800004420648--2 -06/14/01--01107--011 *****50.00 *****50.00

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: [signature] 4-30-01 786-777-8033

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

001655 AF

CR2E083 (11/00)