

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002372			
1. Entity Name PROVEN METHODS SEMINARS, LLC			
Principal Place of Business 6232 N. PULASKI RD., STE. 300 CHICAGO IL		Mailing Address 6232 N. PULASKI RD., STE. 300 CHICAGO IL	
2. Principal Place of Business 2385 EXECUTIVE CENTER DR Suite, Apt. #, etc. SUITE 290		3. Mailing Address Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33431	Country PALM BEACH	Zip	Country
4. FEI Number 36-4215049		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent 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 <u>[Signature]</u> DATE <u>08-31-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGER MATT ORLANDO 803 WEST AVENUE ROCHESTER, NY 14611	
		MANAGER IRENE MILIN 2385 EXECUTIVE CENTER DR BOCA RATON, FL 33431	
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: <u>[Signature]</u>		<u>08-31-01</u>	

FILED
01 SEP -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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