2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001156 1. Entity Name EDUCATIONAL NETWORKS, LLC				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
	·			00 FEB - 1 PI	44:16
Principal Place of Business Mailing Address				00125	
SUITE 155 SUI		7373 E DOUBLETREE RAY SUITE 155 SCOTTSDALE AZ 85258-2			0) 10 60 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10
2. Principal Place of Business 3. M		3. Mailing Address			<u> </u>
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 36-4254357	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg.	stered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Street Addres City	Street Address (P.O. Box Number is Not Acceptable)	
8. The above	named entity submits this statement for signature, typed or printed name of registered agent		registered office or regis	tered agent, or both, in the State of Florid	a. DATE
			OW!!! FEE IS \$50.00 yable to Department		
9.	MANAGING MEME	BERS/MEMBERS	10.	ADDITIONS/CH	HANGES
TITLE RAME STREET ADDRESS CITY-ST-ZIP	RICHARDSON, BRENT 7373 E DOUBLETREE RANCH ROAD SUITE 155		TITLE RAME STREET ADDRESS C11Y-ST-ZIP		Change
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change :
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TITLE NAME : STREET ADDRESS CITY-ST-ZIP		☐ Deletts	TITLE NAME SIBEET ADDRESS CITY- ST-ZIP		(□ Change □ Addith
CITY-ST-ZIP	on this report is true and accurate and	h this filing does not qualify fo d that my signature shall have	r the exemption stated in the same legal effect as	Section 119.07(3)(i), Florida Statutes. I full finade under oath; that I am a managing anter 608. Florida Statutes.	rther certify that the informatio g member or manager of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER PLOT RICHARDS 1/4/00 (480) 548 -5920

Daytime Phone #