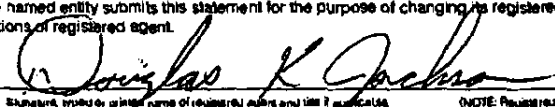
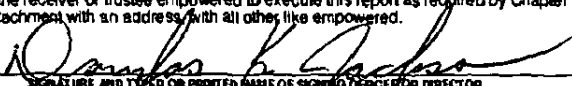


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003356			
1. Entity Name C2T2 EDUCATIONAL SYSTEMS, INC.			
Principal Place of Business 2753 S. RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119		Mailing Address P.O. BOX 7070 DAYTONA BEACH, FL 32116	
2. Principal Place of Business		3. Mailing Address 2753 S. RIDGEWOOD AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SOUTH DAYTONA, FL	
Zip	Country	Zip	Country
32119		32119	US
4. FEI Number 58-3723699		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, DOUGLAS K 2753 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32119		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. 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 6/2/03 (NOTE: Registered Agent Signature required when requesting)	
FILE NOW. FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, DOUGLAS K 3061 S. ATLANTIC AVE., #1003 DAYTONA BEACH, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - S ROBERT DOWNS 2753 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT ROOKS, DAVID R 3061 S. ATLANTIC AVE., #2004 DAYTONA BEACH, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAHAM, PATSY 124 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HUTH, TIM P.O. BOX 2118 DELAND, FL 327212118 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, KAREN 9 CLIFF ROAD WESTON, MA 02493 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRRIELESS, JIM 2176 N. PIERCE ST. ARLINGTON, VA 22209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 6/2/03 Daytime Phone: 386-760-0420	

CR2EC37 (10/02)