

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007583

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: EDUCATIONAL TECHNOLOGIES, INC.

Current Principal Place of Business:

4601 PONCE DE LEON BLVD.
SUITE 310
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4601 PONCE DE LEON BLVD.
SUITE 310
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DEICHMAN, BRIAN
Address: 4601 PONCE DE LEON BLVD. SUITE 310
City-St-Zip: CORAL GABLES, FL 33146

Title: PD () Delete
Name: DEICHMAN, JODI
Address: 4601 PONCE DE LEON BLVD. SUITE 310
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: WAYNER, STEPHEN A
Address: 4601 PONCE DE LEON BLVD. SUITE 310
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI DEICHMAN

PD

03/07/2002

Electronic Signature of Signing Officer or Director

Date