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

May 06, 2003 8:00 am § Secretary of State DOCUMENT # N02000002328 05-06-2003 90034 035 ****61.25 E-LEARNING PROJECT, INC. Principal Place of Business Mailing Address 3406 ROSE HILL WAY 3406 ROSE HILL WAY FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Adds 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change Addition BRAUN, JEROME R NAME NAME STREET ADDRESS 3406 ROSE HILL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 vstd TITLE □ Delete TITLE ☐ Change Addition BRAUN, JANINE NAME NAME STREET ADDRESS 3406 ROSE HILL WAY STREET ADDRESS CITY,-ST-ZIP. FORT LAUDERDALE FL 33319 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition **BRAUN, THERESA** NAME NAME STREET ADDRESS STREET ADDRESS 3406 ROSE HILL WAY CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete TITLE Change ☐ Addition TITLE **BRAUN, JUSTIN** NAME NAME STREET ADDRESS 3406 ROSE HILL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7/P