


FILED
May 19, 2003 8:00 am
Secretary of State

01-13-2003 90068 049 ****61.25

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

DOCUMENT # N02000008886

Entity Name
EDUCATION NEWS NETWORK SERVICES, INC.




Principal Place of Business Mailing Address
3327 NORTH "W" STREET 3327 NORTH "W" STREET
PENSACOLA FL 32505 PENSACOLA FL 32505

2. Principal Place of Business 3. Mailing Address
3327 No. "W" ST P.O. Box 18116
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MAIN BUILDING
BUILDING

City & State City & State
PENSACOLA, FL FL PENSACOLA
 Zip Country Zip Country
32505 ESCAMBIA 32505 ESCAMBIA

55041888



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
15-0492440 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGHAM, CEDRIC
3327 NORTH "W" STREET
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name **Same AS**
 Street Address (P.O. Box Numbers 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]* DATE **01/10/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

8. 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 | PO PRYOR, ARTO JR. 3327 NORTH "W" STREET PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MO LANGHAM, CEDRIC 3327 NORTH "W" STREET PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DAVIS, JEWELL 3327 NORTH "W" STREET PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WARD, TRACIE 3327 NORTH "W" STREET PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WITHERSPOON, MARGO 3327 NORTH "W" STREET PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> 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 REQUIRED** Date **01/10/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)