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FILED
Jul 16, 2002 8:00 am
Secretary of State
04-23-2002 90428 010 ****61.25
07-16-2002 90346 027 ****88.75

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

DOCUMENT # N05000003716

1. Entity Name

CULTURAL EDUCATION SERVICES INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

119572 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 351869	PO BOX 351869
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32235 Country: US	Zip: 32235 Country: US

4. FEI Number: 59-3722248 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN R. CRAWFORD

Street Address (P.O. Box Number is Not Acceptable): 225 WATER STREET

SUITE 900

City: JACKSONVILLE FL Zip Code: 32202

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.

SIGNATURE: April Edel 04-15-02

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUY PIERCE
STREET ADDRESS	PO BOX 351869
CITY - ST - ZIP	JACKSONVILLE, FL 32235
TITLE	D
NAME	MATTHEW ERVIN
STREET ADDRESS	PO BOX 351869
CITY - ST - ZIP	JACKSONVILLE, FL 32235
TITLE	P/D
NAME	MARK BAXTER
STREET ADDRESS	PO BOX 351869
CITY - ST - ZIP	JACKSONVILLE, FL 32235
TITLE	D
NAME	JULIE JOHNSON
STREET ADDRESS	PO BOX 351869
CITY - ST - ZIP	JACKSONVILLE, FL 32235
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

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

STF FL32380F.1