AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008182913--4
-10/03/02--01021--029
*****61.25 *****61.25

DOCUMENT # P00000022377

1. Entity Name

TEACHINGNETWORK.COM, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 NE 26th Ave	50 NE 26th Ave
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33062-5226 Country: USA	Zip: 33062-5226 Country: USA

4. FEI Number: 223716089 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Stewart A. Merkin

Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Avenue, Ste.300

City: Miami FL Zip Code: 33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SCOTT PHILLIPS
STREET ADDRESS	50 NE 26th Ave. Ste. 201
CITY-ST-ZIP	Pompano Beach, FL 33062-5226
TITLE	S/T
NAME	MARY ~~ANN LUPPINO~~ Anne Doyle
STREET ADDRESS	50 NE 26th Ave. Ste. 201
CITY-ST-ZIP	Pompano Beach, FL 33062-5226
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Phillips SCOTT PHILLIPS, Pres. 9/30/02 954-788-7114

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

11/2/02