2001	I UNI	FORM BUSI	NESS REPO	FILED						
DOCUMENT # P0000058121						Aug 31, 2001 8:00 am Secretary of State				
Wa	11 Stra	eetTeachers	s. con, Inc.			Λ.	08-31-2001 9011			
Principal Plac	e of Busines	8	Mailing Address		70					
					A0083174			13174		
2. Principal P 12구 U		Lbanks Ave	3. Mailing Address 127 W. Fairbanks Ave			7000111				
Suite, Apt. #, etc. # 244			Suite, Apt. #, etc. # 244			DO NOT WRITE IN THIS SPACE				
Cib. & Stat	<u> </u>	rk FL	City & State Winter Par	UK FI		4. FEI Number 593 (52 850		oplied For of Applicable	
^{Zip} 32		Country USA	ZIP 32789	Country	5 A	5. Certificate of State		\$8.75 Add	Iltional	
	6. Name	and Address of Current R		1	0 ,,	7. Name and Addre	ss of New Registere	Fee Require d Agent	<u></u>	
F	= Nioth	DAVIDS		Nar	[™] E!!	iott . Alli	5000			
127 W. Fairbanks Ave#244					Street Address (P.O. Box Number is Not Acceptable)					
		r Park Fi		1.	2037	Ashton Ma	mor Way 7	[‡] 306		
William I and I a State ?					ORlando FL Zip Code 32828					
8. The above	named entity	y submits this statement for	the purpose of changing its re	gistered offic			e State of Florida.		30020	
	0	· 1 1 6 11 -	<u> </u>			0/2	. /			
SIGNATURE .	Signature, typed	Cr printed name of registered agent ar	C, DAVIO S of title if applicable. MOTE: F	CUCIO) Registered Agent	ignature required	8/24 when reinstating)	T/OI DATE			
Tax filing r		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will b	e \$550.00	100 Tarrier	empaign Financing Contribution.		May Be to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANG	GES TO OFFICERS AF	ND DIRECTOR	S IN 11	_
TITLE	PResi	DENT	Delete	TITLE		esident		Change	Addition 8	₹
name Street address	DAVI	S ELMOTT W. Fairbanks An	je#244	NAME Street addr	ESS 17	WISON ELL 1037 ASh	ion ton Manor	wan#	<i>†3</i> 06	Ē
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CITY-ST-ZIP	portify that the	information econolises with a	hio filing dage not a will, for the	CATY-ST-ZIP	s stated in Co	miles 110.07/2\/3\ E1=4:	do Ctob don 14	antifications store to	da smarker	
of the con	poration or th	ie receiver or trustee empov	this filing does not qualify for the true and accurate and that my wered to execute this report as the all other like empowered.	signature sh required by	all have the s Chapter 607	ame legal effect as if n Florida Statutes; and t	as statutes. I further c nade under oath; that hat my name appears	eriny that the in I am an officer i in Block 11 or	or director Block 12 if	
SIGNAT	URE: _	SIGNATURE AND TYPED ON PR	LIGHT A LI	J SON	ELLI	отт 8/а	4/01 40	7 - 28	2-3201	
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AHachment DHPOWOOD58/21 AUG3174

State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sirs,

I am writing at the recommendation of your office concerning the late filing of my corporate renewal forms. It has come to my attention that my corporate papers were not filed in April as expected, due to the fact that my accountant retired at the end of last tax season, and I did not receive the forms nor any notices regarding the filing being due. The attached form was downloaded from the internet site http://www.dos.state.fl.us/doc/pdf/cr2e034.pdf.

When I discovered the lapse I called your office immediately. It is my intention to maintain my corporation in good standing with the State of Florida. Please except my renewal of registration for the year 2001-2002, and please waive the penalty fees. I have enclosed a check for \$158.75, and request that you also send me a certificate of good standing. We are a very small education company, and would greatly appreciate your indulgence regarding the tardiness of this filing. Thank you.

Sincerely,

Allison Elliott

President

WallStreetTeachers