2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 08:00 AM DOCUMENT # P0000095189 Entity Name **Secretary of State** STUDY ZONE CORPORATION OF DAVIE Principal Place of Business Mailing Address 3367 N UNIVERSITY DRIVE 3367 N UNIVERSITY DRIVE FL FL 33024 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANZ MURRAY 10209 SPYGLASS WAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL33498 US 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. 04/25/2001 SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITLE ☐ Addition X Change GEORGE MAME NELSON NAME NELSON GEORGE 9610 CONCHSHELL MANOR STREET ADDRESS 9610 CONCHSHELL MANOR STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33324 CITY-ST-ZIP BOCA RATON DCEO ☐ Delete TITLE DP X Change NAME DANZ MURRAY NAME DANZ MURRAY STREET ADDRESS 10209 SPYGLASS WAY STREET ADDRESS 10209 SPYGLASS WAY CITY-ST-ZIP BOCA RATON FL 33498 CITY-ST-ZIP BOCA RATON FL33498 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __Murray Danz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)