## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 01000 04778

1. Entity Name
2. Language Group, Inc.



## Mar 11, 2003 8:00 am **Secretary of State**

03-11-2003 90133 003 \*\*\*150.00

Suite, Apt. #, etc.    Applied For	AL+auis+a 61001	· /		90047350
Super Principle Plance Spring Country  Super April 4 (16)  Super A	DO NOT WRITE	IN THIS SPA	CE	
September   Sept	Principal Place of Business H Aue	Sume		
DO NOT WRITE IN THIS SPACE  The above named entity usurinis its statement to the purpose of changing its ten vere before companying the ten vere before com	City & State : \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	FIORIDI	· ·	4. FEI Number   Not Applicable   O1056 14U6   \$8.75 Additional
See Against to Do Not Write IN THIS SPACE  See Against to Do Nothing Not Acceptable (See Against to Do Not Acceptable)  FL 280654  FL 2806554  FL	Zip Country	33154 0	Name	7. Name and Address of Current Registered Agent
1. The above named entry submits this statement for the purpose of changing its required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	DO NOT W	RITE	Street Address	(P.O. Box Number is Not Acceptable)
SIGNATURE			333333 M	0.010
SIGNATURE Signate a pool of printices were used wit apprecise.    Jamuary 1 - May 1 - Fee 16 \$150.00     After May 1 - Fee 16 \$150.00     Amonded UBR 18 \$191.25     Make Check Payable to Printida Department of State     10.	the obligations of registrood again.	austa X	SOLINA	I-IS-C3 DATE  OATE
10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. ALTOUISTO ADDOT ALL STATE  10. ALTOUISTO ADDOTS  10. ALTOUISTO ADDOT	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	and the appropria	egistered Agent signature room	9 Flection Campaign Financing \$5,00 May Be
MME SIRET ADDRES OTY-ST-2P  TILE INAM. SIRET ADDRES	Make Check Payable to Florida Department.  OFFICERS AN	3 2		
THLE THUE THUE THUE THUE THUE THUE THUE THU	NAME ALTAUISTA, STREET ADDRESS 9473 Abboth	AUC#1 -1 33154	STREET ADDRESS CITY-ST-ZIP	
TITLE  INTE	TITLE NAME		NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDR	TITLE		NAME	DO NOT WRITE
STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRE	CITY-SI-ZIP		TITLE	
STREET ADDRESS CITY-ST-ZIP  ITHE NAME STREET ADDRESS CITY-ST-ZIP  ITHE	STREET ADDRESS		gnv-st-ze	
TITLE  NAME STREET ADDRESS OTY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 direct 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 direct 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 direct 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 direct indicated on this report or supplemental report is true and accurate and that my signature shall have the came legal effect as if made under oath; that I am an officer or direct indicated on this report or supplemental report is true and accurate and that my signature shall have the came legal effect as if made under oath; that I am an officer or direct indicated on this report or supplemental report is true and accurate and that my signature shall have the came legal effect as if made under oath; that I am an officer or direct indicated on this report is true and accurate and that my signature shall have the came legal effect as if made under oath; that I am an officer or direct indicated on the came legal effect as if made under oath; that I am an officer or direct indicated on the came legal effect as if made under oath; that I am an officer or direct indicated on the came legal effect as if made under oath; that I am an officer or direct indicated on the came legal effect as if made under oath; that I am an officer or direct indicated on the came legal effect as if made under oath;	NAME STREET ADDRESS	•	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the unformation supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the unformation supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Statutes. Further certify that the supplied with this filing does not qualify for the exemption stated in Spction 119.07(3)(i). Florida Sta	TITLE NAME		NAME STREET ADDRESS	
of the corporation or the receiver of trustee empowered.  attachment with an address, with all other like empowered.  CONSTRUCTION 6. ACCOUNTS OF PRECTOR  Date  Disymmetricer	STREET ADDRESS ONY-ST-ZIP  12. Thereby certify that the information supplier and the information supplier and the information supplier and the information supplier and the information supplier.	d with this filing does not qualify I port is true and accurate and that	or the exemption state t my signature shall ha port as required by Ch	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an officer or directo the same legal effect as if made under oath; that I am an officer or director after \$17. Florida Statutes; and that my name appears in Block 10 or on an
	of the corporation or the receiver of truste attachment with an address, with all other	6. ACTOUS	stc x	Dele GOO 867918