

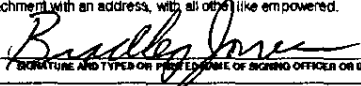


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000012870				90128558
1. Entity Name STUDIO ELEARNING, INC.				
Principal Place of Business 3103 COCOS ROAD TAMPA, FL 33618		Mailing Address 3103 COCOS ROAD TAMPA, FL 33618		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3637105
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MOORE, GARRY 3103 COCOS ROAD TAMPA, FL 33618		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____				
FILED WITH FEES \$150.00 ABBY MAY 2003 FAX WILL BE \$30.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CR20034 (10/02)
NAME	MOORE, GARRY	NAME		
STREET ADDRESS	3103 COCOS ROAD	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREXLER, WENDY	NAME		
STREET ADDRESS	3103 COCOS ROAD	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAL, DAVID H	NAME		
STREET ADDRESS	3103 COCOS ROAD	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, BRADLEY	NAME		
STREET ADDRESS	3103 COCOS ROAD	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		Date: 4/30/01 727-587-9926		
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		