2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# P02000075965

Entity Name: MED ELEARN, INC.

Current Principal Place of Business:

1239 CHICHESTER STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1239 CHICHESTER STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 54-2074901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT M. WOLF, P.A.
33 S.E. 4TH STREET
SUITE 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition
Name: HENCH, DANIEL L PRES
Address: 1239 CHICHESTER STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: DR ( ) Change (X) Addition
Name: POLLOCJ, ROBERT W VP
Address: 2354 LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL L. HENCH MR 04/24/2003

Electronic Signature of Signing Officer or Director — Date