2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000079350



FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Name ITC LEARN	ING, INC.			04-28-2003 90338 002 ***150.00						
Principal Place of 1600 SE 17TH S FORT LAUDERDA	TREET SUITE 306	Mailing Address 1600 SE 17TH STREET SU FORT LAUDERDALE FL 33								
2. Principal Plac	e of Business	3. Mailing Address P.O. Box 23968		I LOGINOSE AN BOND NON CONTROL SENT BOND BEAU 18810 IN 1891 AND BAND FOR AUGUS						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State City & State Fd. Louderdale, FL			7	4. FEI Number Applied For Not Applicable						
Zip	Country	33335	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
			Name							
i american i	NFORMATION SERVICES, INC.		Address (P.O. Box Number is Not Acceptable)							
ONE SE THI	RD AVENUE 28TH FLOOR		Address (1.0. box Number is Not Acceptable)							
MIAMI FL 33	131									
				FL Zip Code						
	nmed entity submits this statement for sof registered agent.	or the purpose of changing its r	registered office o	or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After M	NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550.00 ayable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE P	resident	☐ Delete	TITLE	President Change Addition						
NAME [1/	homas C. Byrne 00 SE 17 Street, Suik 306		NAME	Thoms C. Byrne 1000 SE17 SMM, SUN 306						
STREET ADDRESS 16	00 SE 17 Street, Suik 306		STREET ADDRESS	1600 SE 175 MICT, SUN 300						
CITY-ST-ZIP F	t. Lauderdale, FL 33316	·	CITY-ST-ZIP	President						
, ,	reasurer	☐ Delete	TITLE	Tressurer ☐ Change ☑ Addition						
NAME 3	rok Bilvary		NAME	JACK B. LYWN						

City-St-ZiP	NAME	Thomas C. Burno	E Below	NAME	Thomas C. By me 1600 SEITS Met, Sule 306		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET	STREET ADDRESS	1600 SE 17 Street, Suik 306		STREET ADDRESS	1600 SE175 Met, SUN 306		1
NAME STREET ADDRESS CITY-ST-ZIP Feb. Suite 306 STREET ADDRESS CITY-ST-ZIP Feb. County-ST-ZIP Feb. City-ST-ZIP Feb. Cit	CITY-ST-ZIP	Ft. Lauderdale, FL 33316		CITY-ST-ZIP	Ft. Laudordale, FL 33316		
CITY-ST-ZIP	TITLE	Treasurer	☐ Delete		Trasurer	Change	Addition
CITY-ST-ZIP	NAME	Jack B. Lynn ,		NAME	JACK B. LYNN 10 2 706		{
TITLE Delete TITLE Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP CTTY-	STREET ADDRESS	1600 SE175 Keet, Suite 306			1600 SE 175 KERT, SUIR SUV		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-713-1189