

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000082896

FILED
Apr 12, 2003
Secretary of State

Entity Name: MATH MATTERS, INC.

Current Principal Place of Business:

4829 BACKACRE
ORLANDO, FL 32806

New Principal Place of Business:

4829 BACKACRE LANE
ORLANDO, FL 32806

Current Mailing Address:

4829 BACKACRE
ORLANDO, FL 32806

New Mailing Address:

4829 BACKACRE LANE
ORLANDO, FL 32806

FEI Number: 81-0564243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELY, DANA T
4829 BACKACRE
ORLANDO, FL 32806

Name and Address of New Registered Agent:

MOSELY, DANA T
4829 BACKACRE LANE
ORLANDO, FL 32806

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: DANA T. MOSELY

04/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MOSELY, DANA
Address: 4829 BACKACRE
City-St-Zip: ORLANDO, FL 32806

Title: VTD () Delete
Name: BOYHAN, PATRICK
Address: 4829 BACKACRE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANA T. MOSELY

P

04/12/2003

Electronic Signature of Signing Officer or Director

Date