

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10536

1. Entity Name

LEARNING TECHNOLOGIES LTD. INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90137 015 \*\*\*150.00

Principal Place of Business

Mailing Address

ABBOTT BLDG., 2ND FL., P.O. BOX 933  
ROAD TOWN, TORTOLA, BRITISH  
VIRGIN ISLAND

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ROAD TOWN, TORTOLA, BRITISH  
VIRGIN ISLAND

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

59-2621441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTEN, MICHAEL R.  
1540 THE GREENS WAY  
JACKSONVILLE BEACH FL 32250

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SMATHERS, BRUCE A.  
STREET ADDRESS 4051 TIMUQUANA RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ Change ☒ Addition  
NAME HERBERT W. SCHEIDEL  
STREET ADDRESS 821 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH, FLORIDA 32082

TITLE D ☒ Delete  
NAME SMITH, HASKELL W  
STREET ADDRESS 4302 EVERGREEN LANE, STE 101  
CITY-ST-ZIP ANNANDALE VA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOLMES, PETER  
STREET ADDRESS 9855 REGENCY SQUARE BLVD., APT. 111  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PARKER, ROBERT A. JR.  
STREET ADDRESS 229 PEACHTREE ST., STE. 2700  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SANDERS, CARL E.  
STREET ADDRESS 600 PEACHTREE ST., STE. 5200  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME BATTEN, MICHAEL R  
STREET ADDRESS 3615 OCEAN DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Michael R. Batten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

404-420-4635

CR2E034 (9/99)