

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90373 025 ***150.00

DOCUMENT # P10536

1. Entity Name

LEARNING TECHNOLOGIES LTD. INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SMATHERS, BRUCE A.**
 CITY-ST-ZIP **4051 TIMUQUANA RD
 JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ROBERT L. BASEMAN**
 CITY-ST-ZIP **6106 MISTY OAKS ST.
 SARASOTA, FL 34243**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **SCHEIDEL, HERBERT W**
 CITY-ST-ZIP **821 PONTE VEDRA BLVD
 PONTE-VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KOHEN, SHELDON**
 CITY-ST-ZIP **4748 S OCEAN BLVD APT 206
 BOCA RATON FL 33487**

TITLE ☐ Change ☒ Addition
 NAME **AS**
 STREET ADDRESS **MICHAEL J. WALTERS**
 CITY-ST-ZIP **5000 SAN JOSE BLVD. #207
 JACKSONVILLE, FL 32207**

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

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

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

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BATTEN, MICHAEL R**
 CITY-ST-ZIP **3615 OCEAN DRIVE SOUTH
 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:

Michael J. Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (904) 273-0720

Date

Daytime Phone #

CR2E034 (9/01)