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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086885 (9)

1. Corporation Name
SEMINAR SOFTWARE, INC.

Principal Place of Business	Mailing Address
~~6375 NW 39TH ST.~~ ~~CORAL SPRINGS FL 33067~~	~~6375 NW 39TH ST.~~ ~~CORAL SPRINGS FL 33067~~
1997 address 12696 NW 11th Ct Sunrise FL 33323	

2. Principal Place of Business		2a. Mailing Address	
21	~~6446 Lupton Dr~~	26	~~6446 Lupton Dr~~
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	~~Dallas Tx~~	City & State 28	~~Dallas Tx~~
Zip 24	~~75225~~	Country 25	~~USA~~
Zip 29	~~75225~~	Country 30	~~USA~~

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: ~~04/24/1996~~
4. FEI Number: 65-0453059 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KAYE, DOUGLAS L~~ ~~6375 NW 39TH ST.~~ ~~CORAL SPRINGS FL 33067~~	81 Name: Teri Kaye 82 Street Address (P.O. Box Number is Not Acceptable): 12696 NW 11th Ct 83 84 City: Sunrise FL 85 Zip Code: 33323

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Teri Kaye Teri Kaye COO 4/28/97
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAYE, PERRY S ~~6446 LUPTON DR.~~ ~~DALLAS TX 75225~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 12696 NW 11th Ct Sunrise FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD KAYE, DOUGLAS L ~~6375 NW 39MTH ST.~~ ~~CORAL SPRINGS FL 33067~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 11400 SW 1st St Coral Springs FL 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAYE, STEVEN H 11400 SW 1ST ST. CORAL SPRINGS FL 33071	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO KAYE, TERI ~~6446 LUPTON DRIVE~~ ~~DALLAS TX 75225~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 12696 NW 11th Ct Sunrise FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition NW 5-9-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002182312 -05/19/97--01016--020 ***165.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teri Kaye COO Teri Kaye 4/17/96 214-361-4207
1997 → Teri Kaye COO Teri Kaye 4/28/97 954-851-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #