2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 08:00 AM DOCUMENT # **P9400047040** 1. Entity Name **Secretary of State** BABY BOOMERS LEARNING CENTERS EAST, INC. Principal Place of Business Mailing Address 2710 NE 58TH ST 2710 NE 58TH ST FT LAUDERDALE FL FT LAUDERDALE FL33308 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0499885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSELLA PATRICK 2710 NE 58TH ST Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL33308 US 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. 01/31/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) JULIA MUSELI A MAME NAME JULIA MUSELLA STREET ADDRESS 2710 N.E. 58TH ST STREET ADDRESS 2710 N.E. 58TH ST CITY-ST-ZIP FT. LAUDERDALE \mathbf{FL} FT. LAUDERDALE CITY-ST-ZIP ☐ Delete TITLE X Change NAME PATRICK MUSELLA NAME PATRICK MUSELLA STREET ADDRESS 2710 N.E. 58TH ST STREET ADDRESS 2710 N.E. 58TH ST CITY-ST-ZIP FT. LAUDERDALE \mathbf{FL} CITY-ST-ZIP FT. LAUDERDALE FL33308 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PATRICK MUSELLA P 01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #