

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90275 037 ***150.00

768364

DOCUMENT # P95000039367
1. Entity Name
 PREPARATORY SCHOOLS MANAGEMENT, INC.

Principal Place of Business **Mailing Address**
 1600 W Commercial Blvd 1600 W Commercial Blvd
 Ft. Lauderdale, FL 33309 Ft. Lauderdale, FL 33309

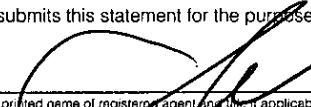
2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip **Country** **Zip** **Country**

4. FEE Number 65-0593596 **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
Name Morgaman, Philip E.
Street Address (P.O. Box Number is Not Acceptable)
 1600 W Commercial Blvd
City Ft. Lauderdale, **FL** **Zip Code** 33309

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  Philip E. Morgaman **DATE** 3/28/01
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DC Morgaman, Philip E
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP Stephenson, Mark
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Nichols, Neal
STREET ADDRESS	3251 Washington Blvd
CITY-ST-ZIP	Arlington, VA 22201
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Camillo, John M
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV Spruce, William D
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 3309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVST Mutnick, Joel
STREET ADDRESS	1600 W Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309

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:  Mark Stephenson, Pres. **DATE** 3/26/01 **Daytime Phone #** (954) 493 6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)