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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000048082 (8)**

1. Corporation Name
IT'S ADCADEMIC, INC.

Principal Place of Business	Mailing Address
~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309~~	~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309-3403~~

3. Date Incorporated or Qualified: 06/16/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 621 NW 53rd St.	26 621 NW 53rd St.
Suite, Apt. #, etc. 22 Suite 450	Suite, Apt. #, etc. 27 Suite 450
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip / Country 24 33487 / 25 Palm Beach	Zip / Country 29 33487 / 30 Palm Beach

4. FEI Number: 65-0624519 ☐ 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
~~WEISSMAN, MICHAEL~~ ~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309~~	81 Name: NEESA B. Warlen 82 Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd St. 83 Suite 450 84 City: Boca Raton FL 85 Zip Code: 33487

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: Neesa Warlen — 4/3/97
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	CSD WEISSMAN, MICHAEL ~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 621 NW 53rd Street Suite 450 Boca Raton FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEISSMAN, LINDA ~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 621 NW 53rd Street Suite 450 Boca Raton FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~CHIRAS, DAVID L~~ ~~4517 NW 31 AVE~~ ~~FT LAUDERDALE FL 33309~~	☒ 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		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition DT Weissman Richard S. 621 NW 53rd Street Ste 450 Boca Raton FL 33487
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 4/22/97
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 000002153130 -04/24/97--01007--011 ***5445.00

CR2E034 (9/96)

14. I do 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 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: [redacted] 4-10-97 (561) 994-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #