2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027944

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Tutor Time Learning Systems, Inc.

Principal Place of Business	Mailing Address
621 NW 53rd Street, #450 Boca Raton, FL 33487	-Same

2. Principal Place of Business	3. Mailing Address
621 NW 53rd St.	621 NW 53rd St.
Suite, Apt. #, etc.: 450	Suite, Apt. #, etc.: 450
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650680839 ☐ 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
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Name: Ira L. Young Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd St. #450 City: Boca Raton FL Zip Code: 33487

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] 8/31/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer Alfred R. Napas 621 NW 53rd St #450 Boca Raton, FL 33487	☒ Delete	President/Treasurer Mark Schiller 621 NW 53rd Street #450 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mark Schiller 621 NW 53rd Street #450 Boca Raton, FL 33487	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900004625249--1 -10/05/01--01063--014 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] President/Treasurer 8/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #