2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 AM
Secretary of State

DOCUMENT# P97000071350

Entity Name: ACCENT LANGUAGES, INC.

Current Principal Place of Business:

978 SPOONBILL CIRCLE
WESTON, FL 33326 US

New Principal Place of Business:

3229 HUNTINGTON DRIVE
WESTON, FL 33332 US

Current Mailing Address:

978 SPOONBILL CIRCLE
WESTON, FL 33326 US

New Mailing Address:

3229 HUNTINGTON DRIVE
WESTON, FL 33332 US

FEI Number: 65-0775088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IOLE, KATIA
978 SPOONBILL CIRCLE
WESTON, FL 33326

Name and Address of New Registered Agent:

IOLE, KATIA
3229 HUNTINGTON DRIVE
WESTON, FL 33332 US

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: _____ 04/04/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: IOLE, KATIA
Address: 978 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

Title: STD ( ) Delete
Name: IOLE, LUIZ
Address: 978 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IOLE, KATIA
Address: 3229 HUNTINGTON DRIVE
City-St-Zip: WESTON, FL 33332 US

Title: STD (X) Change ( ) Addition
Name: IOLE, LUIZ
Address: 3229 HUNTINGTON DRIVE
City-St-Zip: WESTON, FL 33332 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIA P. IOLE MRS. 04/04/2002
Electronic Signature of Signing Officer or Director — Date