2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P99000020362 1. Entity Name NEW PEDAGOGY PUBLISHERS, INC. 02-14-2000 90017 010 ***158.75 3. Mailing Address 2. Principal Place of Business 13912 S.W. 103 Lane 13912 S.W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 65-0905724 Miami Miami Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33186 U.S.A. .7. Name and Address of New Registered Agent =6. Name and Address of Current Registered Agent Name Tean - Claude Francois 139/2 SW 103 Lane FRANCOIS, JEAN C 9138/SW 1577H/RD. 13912 SW 103 Lane MAMI EL 33196 = 33.196 Miami, F2 33186 Zip Code City FL 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. Tanuary 17, 2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Lesly Prudent Change ☐ Addition TITI F TITLE ■ Delete Jean- Claude Francis 6552 N.W. 201 Terrace Hialeah, FL 33015 NAME NAME 13912 S.W. 103 Lane STREET ADDRESS STREET ADDRESS Miani, FL 33/86 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT AND DIRECTOR OF MARKETING Change TITLE ☐ Delete TITLE Edric Pierre-Louis NAME NAME 136 Jeaton Lane STREET ADDRESS STREET ADDRESS CITY, ST. 7IP Amityville , NX 11701 CITY-ST-ZIP م پيچ م - ميني Change عرب ⊡ Addition SECRETARY FTREASURER -TITLE TITLE Yanique Villard 13912 S.W. 103 Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miani, FL 33186 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITI E TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR