2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90043 028 ***150.00

DOCUMENT # P99000047438

1. Entity Name
SUPERIOR TRAINING MEDIA, INC.

Principal Place of Business	Mailing Address
10850 FOX GLEN DRIVE BOCA RATON FL 33428	10850 FOX GLEN DRIVE BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1347 Fairfax Circle East Suite, Apt. #, etc.	1347 Fairfax Circle East Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33436 Country: USA	Zip: 33436 Country: USA

4. FEI Number 65-0925279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CERVETTI, ARLYNE
10850 FOX GLEN DRIVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 1347 Fairfax Circle East
City: Boynton Beach, FL Zip Code: 33436

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: Arlyne Cervetti ARLYNE CERVETTI PRESIDENT 4-27-01
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	D CERVETTI, ARLYNE 10850 FOX GLEN DRIVE BOCA RATON FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1347 Fairfax Circle East Boynton Beach, FL 33436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Arlyne Cervetti ARLYNE CERVETTI PRESIDENT 4-27-01 561-969-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #