

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000045170**

1. Entity Name  
**EDUCATIONAL MARKETING LTD., INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90054 016 \*\*\*150.00

Principal Place of Business 1149 HILLSBORO MILE. 603N HILLSBORO BEACH FL 33062	Mailing Address 1149 HILLSBORO MILE. 603N HILLSBORO BEACH FL 33062-1722
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<i>Edward Bobick, P.A.</i> Attorney At Law 4014 N.W. 58th Street Boca Raton, FL 33496	<i>Edward Bobick, P.A.</i> Attorney At Law 4014 N.W. 58th Street Boca Raton, FL 33496
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0550341** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent <b>BOBICK, EDWARD</b> 1149 HILLSBORO MILE, 603N HILLSBORO BEACH FL 33062		7. Name and Address of New Registered Agent <i>Edward Bobick, P.A.</i> Attorney At Law 4014 N.W. 58th Street Boca Raton, FL 33496	
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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 \_\_\_\_\_ (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, 2000 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. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOBICK, EDWARD</b> 1149 HILLSBORO MILE, 603N HILLSBORO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Edward Bobick, P.A.</i> Attorney At Law 4014 N.W. 58th Street Boca Raton, FL 33496 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward Bobick* **EDWARD BOBICK** **4/15/00** **561-891-8833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)