

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000057169**  
 1. Entity Name **Classcredit, Inc.**  
~~Class Credit, Inc.~~

**FILED**  
 02 OCT -8 PM 1:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20 Southpoint Parkway**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**cksonville, Florida**

City & State

Zip  
**32216**

Country  
**USA**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

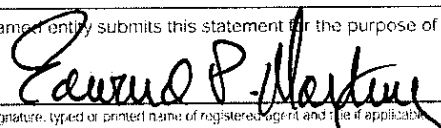
Name  
**Barry Henry**

Street Address (P.O. Box Number is Not Acceptable)  
**6420 Southpoint Parkway**

City  
**Jacksonville, FL**

Zip Code  
**32216**

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  **Edward P. Martinez, Secretary**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

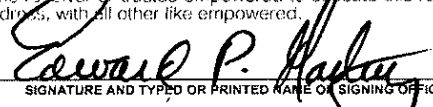
**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	Officer	TITLE			
NAME	Michael Dunlap	NAME			
STREET ADDRESS	6801 South 27th Street	STREET ADDRESS			
CITY-ST-ZIP	Lincoln, NE 68512	CITY-ST-ZIP			
TITLE	Officer	TITLE			
NAME	Edward P. Martinez	NAME			
STREET ADDRESS	6420 Southpoint Parkway	STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32216	CITY-ST-ZIP			
TITLE	Director	TITLE			
NAME	Terry Heimes	NAME			
STREET ADDRESS	121 South 13th Street, #301	STREET ADDRESS			
CITY-ST-ZIP	Lincoln, NE 68508	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Edward P. Martinez, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_