UNITED STATES URITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D 80 2003

> NOTICE OF SALE OF SECURITIES RŸŔSUANT TO REGULATION D, SECTION 4(6), AND/OR **UNIFORM LIMITED OFFERING EXEMPTION**

OMB Number: 3235-007676 May 31, 2005 Expires: Estimated average burden hours per response 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
1							

-			<u>-</u>	
Name of Offering ([] check if this is an amendment and name l	has changed, and	l indicate change	.)	<del>.</del> .
EDT Learning, Inc. – 20 Units, each Unit consisting	of 5,000 share	es of Series A	convertible preferi	red stock and
warrants to purchase 25,000 shares of common stoc	k			
Filing Under (Check box(es) that apply): [ ] Rule 504	[ ] Rule 505	[ <b>X</b> ] Rule 3	506 [] Section 4	(6) [ ] ULOE
Type of Filing: [X] New Filing [] Amendment				
A. BASIC	IDENTIFICAT	ION DATA		######################################
Enter the information requested about the issuer				
Name of Issuer [ ] check if this is an amendment and name has of	changed, and ind	licate change.)		11:1: 1:::E
EDT Learning, Inc.			0.	3059397
Address of Executive Offices (Number and Stree	et, City, State, Zi	p Code)	Telephone Number (In	ncluding Area Code)
2999 N. 44th Street, Suite 650 Phoenix, AZ 8	85018-7273		(602) 952-1200	
Address of Principal Business Operations (Number and Stree	et, City, State, Zi	p Code)	Telephone Number (In	ncluding Area Code)
(if different from Executive Offices)				
Brief Description of Business				
Provider of custom, comprehensive e-learning bus	siness solutio	ns for corpor	ate clients	
Type of Business Organization				PROCESSED
[X] corporation [ ] limited partnership, alre	eady formed	[ ] othe	er (please specify):	PROCESSEE
[ ] business trust [ ] limited partnership, to b	oe formed			AUG 20 2003
	Month	Year		AUG & V ZUUJ
Actual or Estimated Date of Incorporation or Organization:	[0][3]	[9][8]	[X] Actual [] Es	timated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter	er U.S. Postal Se	ervice abbreviatio	on for State:	FINANCIAL
CN for Canad	la; FN for foreig	n jurisdiction)	[	D][E]

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Lacii generai and mana	iging partiter of par	mership issuers.			
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual)	***			
Powers, Jr., James M.					
Business or Residence Address	,	· · · · · · · · · · · · · · · · · · ·			
2999 N. 44th Street, Suit	e 650, Phoenix	, AZ 85018-7273			
(Check box(es) that apply):	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if Blank, Barry	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			
c/o Murphy & Durieu,	1661 E. Camell	back Road, Suite 201, I	Phoenix, AZ 85016		
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if Zuckerman, Preston	individual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			··
2999 N. 44th Street, Suit	•				
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if Collins, James H.	individual)			,	
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
2999 N. 44th Street, Suit	e 650, Phoenix	AZ 85018-7273			
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Little, D.D.S., David A.					
Business or Residence Address					
2999 N. 44th Street, Suit	e 650, Phoenix,	AZ 85018-7273			
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Robinson, Jr., Daniel T.					
Business or Residence Address	•				
2999 N. 44th Street, Suit	e 650, Phoenix	, AZ 85018-7273			
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if is Siegel, George M.	individual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
2999 N. 44th Street, Suit	·				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if <b>Dunn, Jr., James L.</b>	individual)			<u> </u>									
Business or Residence Address (Number and Street, City, State, Zip Code)													
2999 N. 44th Street, Suite 650, Phoenix, AZ 85018-7273													
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if <b>Holliday, Lucille</b>													
Business or Residence Address													
2999 N. 44 <sup>th</sup> Street, Sui	te 650, Phoenix,	, AZ 85018-7273											
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if <b>Berry, Brian L.</b>													
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)	31000										
2999 N. 44th Street, Sui	te 650, Phoenix,	, AZ 85018-7273											
(Check box(es) that apply):	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if	`individual)		, - 10,,,1										
Renaissance Capital Growth Trust PLC	and Income Fund	III; Renaissance U.S. Grov	vth/and Income Trust PL	C; BFS US Spe	cial Opportunities								
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)		*****	· · · == ··=								
8080 North Central Ex	nressway. Suite	210 – LR 59. Dallas, T	X 75206-1857										
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if	individual)	- Marie - Mari	in in the page of	ş - 14									
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)											
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if	individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
(Check box(es) that apply):	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner								
Full Name (Last name first, if	individual)												
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)											
	(Lica blank shoot	or conv and use additional	conies of this shoot as no	occepty)									

1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									No [ ]					
2.	2. What is the minimum investment that will be accepted from any individual?											····			
3.	Does the	offering p	permit joir	nt ownersh	ip of a sin	gle unit?					•••••			Yes [ <b>X</b> ]	No [ ]
4.	or simila listed is a of the bro	r remuner an associa oker or de	ation for a ted persor	solicitation or agent ore than fi	n of purch of a broke ve (5) per	who has because in correct or deale sons to be	onnection r registere	with salesed with the	s of securi	ities in the /or with a	e offering. state or s	If a perstates, list t	on to be he name		
	l Name (La			ividual)							•		<del></del>		
Bus	iness or R	esidence A	Address (N					<del></del>							
	Broad				ork, Nev	w York	10271								
Nan	ne of Asso	ciated Br	oker or De	aler											
Stat	es in Whic	ch Person	Listed Ha	s Solicited	or Intend	s to Solici	t Purchase	ers							
(Ch	eck "All S	states" or o	check indi-	vidual Stat	tes)									[ <b>X</b> ] A	Il States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (La	ast name f	irst, if ind	ividual)								<u> </u>		-	
Bus	iness or R	esidence A	Address (N	Jumber an	d Street. (	City, State.	Zip Code	:)			- T.				
							· · · · · · · · · · · · · · · · · · ·			<u>.</u>		7-10-			
Nan	ne of Asso	ciated Bro	oker or De	aler											
Stat	es in Whic	ch Person	Listed Has	s Solicited	or Intend	s to Solici	t Purchase	ers							
(Ch	eck "All S	tates" or o	check indiv	vidual Stat	tes)						•••••			[]A	Il States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (La	ast name f	irst, if indi	ividual)											
Bus	iness or R	esidence A	Address (N	lumber and	d Street, C	City, State,	Zip Code	·)							
Nan	ne of Asso	ciated Bro	oker or De	aler											
State	es in Whic	h Person	Listed Has	s Solicited	or Intend	s to Solici	t Purchase	ers							
(Ch	eck "All S	tates" or o	heck indiv	vidual Stat	es)							***************************************		[]A	ll States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

**B. INFORMATION ABOUT OFFERING** 

(1) Subject to the discretion of the issuer.

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Offering Already Price Sold Debt ..... Equity..... [ ] Common [ ] Preferred Convertible Securities (Units), each Unit consisting of a 5,000 shares of Series A convertible \$ 1,500,000 \$ preferred stock and 25,000 warrants..... Partnership Interests..... 0 \$ 0 \$ 0 Other: (Specify Total \$ 1,500,000 \$ 925,000 Answer also in Appendix, Column 3, if filing Under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors 725,000 Non-accredited Investors \$ 200,000 Total (for filings Under Rule 504 only) \$ N/A N/A Answer also in Appendix, Column 4, if filing Under ULOE. 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Dollar Type of Offering Security Amount Sold Rule 505 N/A N/A Regulation A..... \$ N/A Rule 504..... N/A \$ N/A Total \$ N/A N/A Answer also in Appendix, Column 4, if filing Under ULOE. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. 4. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [ ] Printing and Engraving Costs ..... Legal Fees [X] \$ 15,000 Accounting Fees [X] 15,000 Engineering Fees. [ ] \$ 150,000 \$ Other Expenses (identify) expense allowance 30,000 Total ...... 210,000 (2) Plus 3% non-accountable expense allowance, plus a warrant to purchase an additional 10% of the units sold. 5 of 9

CT01/PAINB/196483.1

reking frice, number of investors, expenses and use of froceeds

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROGI	EEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	1,290,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	P: D	ayments to Officers, irectors, & Affiliates		Payments To Others
	Salaries and fees	\$_	0 [ ]	\$	0
	Purchase of real estate	\$	0 [ ]	\$	0
	Purchase, rental or leasing and installation of machinery and equipment[]				
	Construction or leasing of plant buildings and facilities	\$	0[]	\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$	0 []	\$	0
	Repayment of indebtedness				
	Working capital and expansion of sales and marketing efforts []	\$	0 X	\$	1,290,00
	Other (specify) <u>From relation of collegisted marriaging efforts</u>	s _	<u> </u>	\$	0
	Γ1	\$_	0 1	\$	0
	Column Totals [ ]	\$_	0 [x]	\$	1,290,000
	Total Payments Listed (column totals added)	[X] S	\$ 1,290,00	00	_
	D. FEDERAL SIGNATURE			Č.	
signature	or has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
	rint or Type)  Signature  Dat  earning, Inc.	e	1/31/03		
	Signer (Print or Type)  Title of Signer (Print or Type)		1-1		
James	L. Dunn, Jr. General Counsel, Sr. Vice President				
	•				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001.)