2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 09, 2007 08:00 A Secretary of State DOCUMENT # P03000010379 1. Entity Name THE J2 GROUP INC. Principal Place of Business Mailing Address 200 4TH AVE. SOUTH 200 4TH AVE. SOUTH # 131 # 131 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL. 33701 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3890938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTELLANO, NELSON T DO NOT WRITE 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PARKES, JEANNE S NAME STREET ADDRESS 200 4TH AVE SOUTH # 131 U00000579403 01/10/07-80006-009 150.00 CITY-ST-ZIP ST. PETERSBURG, FL 33701 NAME LATTANZIO, JEANNE M STREET ADDRESS 11015 DEODAR WAY CITY-ST-ZIP RENO, NV 98506 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is frue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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