


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P97000023799	
1. Entity Name IMS PUBLISHING, INC.	

Principal Place of Business 1850 SE 17TH STREET SUITE 310 FORT LAUDERDALE, FL 33316 US	Mailing Address 1850 SE 17TH STREET SUITE 310 FORT LAUDERDALE, FL 33316 US
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DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0739459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZIMBALIST III, EFREM 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SELLSTROM, BRIAN 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARSENTI, MICHEL 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CLURMAN, ANDREW 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ZIMBALIST III, EFREM 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TENBROEK, JAMES P 1850 SE 17TH ST., SUITE 310 FORT LAUDERDALE, FL 33316

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U00000698165
04/18/07-80069-007 150.00

12. I hereby 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE:** 4/6/07 **DAYTIME PHONE #:** 954 7618777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR