

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90210 020 ***150.00

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DOCUMENT # P97000076213

1. Entity Name
DISC-US BOOKS, INC.



Principal Place of Business
**4219 MORNING PLACE
SARASOTA FL 34231
US**

Mailing Address
**4219 MORNING PLACE
STE B
SARASOTA FL 34231
US**

2. Principal Place of Business
2570 CAMINO SAN PATRICIO

3. Mailing Address
2570 CAMINO SAN PATRICIO

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
SANTA FE NM

City & State
SANTA FE NM

4. FEI Number **65-0780817**

Applied For
 Not Applicable

Zip **87505** Country **SANTA FE**

Zip **87505** Country **SANTA FE**

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

6. Name and Address of Current Registered Agent

**TRUPIN, ELIZABETH
4219 MORNING PLACE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **KIM HART, C.P.A.**

Street Address (P.O. Box Number is Not Acceptable)
330 S. PINEAPPLE AVE, STE. 106

City **SARASOTA** State **FL** Zip Code **34236**

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]* DATE **4/14/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TRUPIN, JAMES E	
STREET ADDRESS	4219 MORNING PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TRUPIN, ELIZABETH	
STREET ADDRESS	4219 MORNING PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2570 CAMINO SAN PATRICIO	
CITY-ST-ZIP	SANTA FE, NM 87505	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2570 CAMINO SAN PATRICIO	
CITY-ST-ZIP	SANTA FE, NM 87505	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. VINCENT PULLI	
STREET ADDRESS	2570 CAMINO SAN PATRICIO	
CITY-ST-ZIP	SANTA FE, NM 87505	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *[Signature]* DATE **4/11/03** DAYTIME PHONE # **505-474-9139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)