2008 FOR PROFIT CORPORATION

Feb 19, 2008 08:00 AN Secretary of State ANNUAL REPORTA DOCUMENT # P98000012756 1. Entity Name THE PUBLISHING GROUP, INC. Mailing Address Principal Place of Business 1751 NE 162 ST P.O. BOX 630518 NORTH MIAMI BEACH, FL 33162 MIAMI, FL 33163 No Chg-P CR2E034 (11/05) 01162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0823747 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEVINE, MONA 1751 NE 162ND STREET MIAMI, FL 33162 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) U00000832665 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 " · 🗆 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LEVINE, MONA 1751 N.E. 16ND STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 appress, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED