2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 04, 2004 8:00 am Secretary of State **DOCUMENT # 695599** 1. Entity Name 08-04-2004 90015 035 ***150.00 NATIONAL YELLOW PAGE DIRECTORY SERVICE, INC. Principal Place of Business Mailing Address 2000 W BAY DRIVE 2000 W BAY DRIVE 54066716 LARGO FL 33770 **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 59-2348970 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ~BLUMBERG, JOEL Street Address (P.O. Box Number is Not Acceptable) 2790 BAY BREEZE TERRACE **LARGO FL 33770** Zip Code 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 required when reinstation) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies i Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME BLUMBERG, JOEL NAME STREET ADDRESS 2790 BAY BREEZE TERRACE STREET ADDRESS CITY-ST-ZIE LARGO FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME BLUMBERG, ILONA STREET ADDRESS 2790 BAY BREEZE TERRACE STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition BLUMBERG, LYNDA NAME NAME STREET ADDRESS 2605 BRAE BURN DR. STREET ADDRESS CJTY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BLUMBERG, STEPHANIE** NAME STREET ADDRESS 1381 WILLIAMS COURT STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED