


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # F00000001865<br>1. Entity Name<br>23RD STREET PUBLISHING, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1712 CYPRESS ROW DRIVE<br>WEST PALM BEACH, FL 33411 | Mailing Address<br>1712 CYPRESS ROW DRIVE<br>WEST PALM BEACH, FL 33411 |
|--|--|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>76-0272527  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

ALLENSON, ALEXANDRA C  
1712 CYPRESS ROW DRIVE  
WEST PALM BEACH, FL 33411

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

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000130683<br>04/26/04 00127 020 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>CHRISTOPHER, JOHN Y<br>1712 CYPRESS ROW DRIVE<br>WEST PALM BEACH, FL 33411    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>ALLENSON, ALEXANDRA C<br>1712 CYPRESS ROW DRIVE<br>WEST PALM BEACH, FL 33411 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>CHRYSOMALLIS, GEORGE S<br>5220 ST. ALBANS BAY ROAD<br>SHOREWOOD, MN 55331    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  4/23/04 561-333-9014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #