

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002862

Entity Name: USAPUBS.COM, INC.

FILED  
Jul 07, 2006  
Secretary of State

## Current Principal Place of Business:

16120 US 19 N.  
CLEARWATER, FL 33764

## New Principal Place of Business:

## Current Mailing Address:

16120 U.S. 19 NORTH  
LEGAL DEPT., SUITE 200  
CLEARWATER, FL 33764

## New Mailing Address:

FEI Number: 36-4303858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOD, WILLIAM H III  
16120 US 19 N.  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

STEIN, LESLIE  
16120 US 19 N.  
CLEARWATER, FL 33764 US

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.

SIGNATURE: LESLIE STEIN

07/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOOD, WILLIAM H III  
Address: 16120 US 19 N.  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: BLUMENTHAL, DANIEL H  
Address: ONE NORTH WACKER DR, STE 4800  
City-St-Zip: CHICAGO, IL 60606

Title: VCD (X) Delete  
Name: BLOCK, MILTON J  
Address: 5 E. 22ND STREET  
City-St-Zip: NEW YORK, NY 10011

Title: S (X) Delete  
Name: KLEIN, GREG  
Address: 16180 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: BEYER, JEFF  
Address: ONE NORTH WACKER DR., STE. 4800  
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete  
Name: MOSCOW, DAVID H  
Address: 414 N. ORLEANS ST., SUITE 320  
City-St-Zip: CHICAGO, IL 60610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: STEIN, LESLIE  
Address: 16120 US 19 N.  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE STEIN

S

07/07/2006

Electronic Signature of Signing Officer or Director

Date