


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90038 003 \*\*\*150.00

<b>DOCUMENT # F00000004171</b> 1. Entity Name <b>THE COMMUNITY PHONE BOOK, INC.</b>					
Principal Place of Business <b>C/O VOLT INFORMATION SCIENCES, INC.          560 LEXINGTON AVE.          NEW YORK, NY 10022</b>			Mailing Address <b>C/O VOLT INFORMATION SCIENCES, INC.          560 LEXINGTON AVE.          NEW YORK, NY 10022</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-4130424</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIIPPO, GERARD L</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEVEN, SHAW</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EAGAN, JACK</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINREICH, HOWARD B</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUARINO, LUDWIG M</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISCHBERG, DANIEL</b>		NAME		
STREET ADDRESS	<b>560 LEXINGTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Daniel Fischberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>DANIEL FISCHBERG</b> <b>4-8-08</b> <b>212-704-2400</b> Date Daytime Phone #		

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