

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000476

Entity Name: AGORA PUBLISHING, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

14 WEST MOUNT VERNON PLACE  
BALTIMORE, MD 21201 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1936  
ATTN: KAREN R BLUEBELL  
BALTIMORE, MD 21203 US

## New Mailing Address:

FEI Number: 52-0953737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOPLAS, ANN  
235 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

NOLAN, ERIKA  
235 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483 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: ERIKA NOLAN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: BONNER, ELIZABETH  
Address: 14 WEST MOUNT VERNON PLACE  
City-St-Zip: BALTIMORE, MD 21201 US

Title: SD ( ) Delete  
Name: BARNHILL, GREGORY  
Address: 14 WEST MOUNT VERNON PLACE  
City-St-Zip: BALTIMORE, MD 21201 US

Title: TD ( ) Delete  
Name: NORIN, MYLES  
Address: 14 WEST MOUNT VERNON PLACE  
City-St-Zip: BALTIMORE, MD 21201 US

Title: TD ( ) Delete  
Name: TURNER, MATT  
Address: 14 WEST MOUNT VERNON PLACE  
City-St-Zip: BALTIMORE, MD 21201 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ERIKA NOLAN

MNGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date