## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004009

VINDIGINI, PAUL

VAN NUYS, CA 91406

16320 ROSCOE BOULEVARD, SUITE 100

Name:

Address:

City-St-Zip:

Entity Name: ALFRED PUBLISHING CO., INC.

FILED Feb 03, 2009 Secretary of State

Littly Nai	me. ALFRED	FOBLISHING CO., INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	SCOE BOULE S, CA 91406	VARD, SUITE 100			
Current Mailing Address:			New Mailing Address:		
PO BOX 1 VAN NUY	0003 S, CA 914100	003			
FEI Number: 13-0423210 FEI Number Applied For ( )			FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	:RI A TODAY WA` , FL 33025	Y US			
	named entity e of Florida.	submits this statement for the μ	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agen			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MANUS, STEV	E BOULEVARD, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MANUS, RON	) Delete E BOULEVARD, SUITE 100 91406	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MANUS, IRIS	) Delete E BOULEVARD, SUITE 100 3 91406	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MANUS, MORT	E BOULEVARD, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CFO (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL VINDIGINI CFO 02/03/2009