
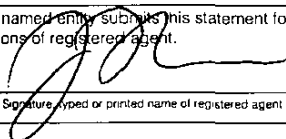
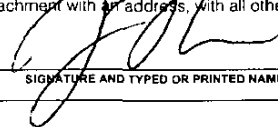


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90078 044 \*\*\*150.00

<b>DOCUMENT # F07000005665</b> 1. Entity Name <b>BONNIER CORPORATION</b>					
Principal Place of Business <b>460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789</b>			Mailing Address <b>460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789</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		Country		04092008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>98-0522510</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>THOMPSON, JEREMY ESQ 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Thompson, Jeremy Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Bonnier Corporation</b> <b>460 North Orlando Avenue; Ste. 200</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;">           SIGNATURE:  </div> <div style="width: 40%; text-align: center;"> <b>Jeremy M. Thompson</b>  <b>Corporate Secretary</b> </div> <div style="width: 20%; text-align: right;"> <b>4-9-08</b> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> <div>Signature, typed or printed name of registered agent and title if applicable</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div> </div>					
<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</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SNOW, TERRY 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREYGANG, DAVE 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Freygang, Dave 460 N. Orlando Avenue; Ste. 200 Winter Park, FL 32789
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNIER, JONAS 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, ULRICA 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTMAN, DAN 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMPSON, JEREMY 460 N ORLANDO AVE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thompson, Jeremy 460 N. Orlando Avenue; Ste. 200 Winter Park, FL 32789
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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> 		<b>Jeremy M. Thompson</b> <b>Corporate Secretary</b>		<b>4-9-08</b> <b>407-511-4715</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	