ANNUAL REPORT
1995

Jim Smith
Secretary of State
Division OF CORPORATIONS

DOCUMENT # F94000001578 (3)

FILED
95 MAY -1 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
AFFINITY BOOKS, INC.

Principal Place of Business	Mailing Address
950 N. MICHIGAN AVE., STE. 53-D CHICAGO IL 60611	950 N. MICHIGAN AVE., STE. 53-D CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 36-3942384	☐ Applied For ☐ Not Applicable
21 2435 NINTH ST. NORTH	26 2435 NINTH ST. NORTH		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: ST. PETERSBURG, FL	28 City & State: ST. PETERSBURG, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33704 / 25 Country: USA	29 Zip: 33704 / 30 Country: USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	CHASM, THOMAS	12 NAME	CHASM, THOMAS
STREET ADDRESS	950 N. MICHIGAN AVE., STE. 53-D	13 STREET ADDRESS	2040 BRIGHTWATERS BLVD. N.E.
CITY-ST-ZIP	CHICAGO IL 60611	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	DS	21 TITLE	DS ☒ Change ☐ Addition
NAME	SANDERSON, ROBERT	22 NAME	SANDERSON, ROBERT
STREET ADDRESS	950 N. MICHIGAN AVE., STE. 53-D	23 STREET ADDRESS	2040 BRIGHTWATERS BLVD. N.E.
CITY-ST-ZIP	CHICAGO IL 60611	24 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas G. Chasm THOMAS G. CHASM 4/27/95 813-823-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466302 FP