FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001607 (8)

1. Corporation Name
PORTAL PUBLICATIONS, LTD. INC.

Principal Place of Business	Mailing Address
770 TAMALPAIS DR #400 CORTE MADERA CA 94925	770 TAMALPAIS DR #400 CORTE MADERA CA 94925

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 201 ALAMEDA DEL PRADO	26 201 ALAMEDA DEL PRADO
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NOVATO CA	City & State 28 NOVATO CA
Zip 24 94949 / Country 25 MARIN	Zip 29 94945 / Country 30 MARIN

3. Date Incorporated or Qualified: 03/28/1996

4. FEI Number: 68-0131849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, TERENCE M		1.2 NAME	
STREET ADDRESS	770 TAMALPAIS DR #400		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA 94925		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DINZOLE, JOHN W		2.2 NAME	
STREET ADDRESS	6115 OFFICIAL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL 60014		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOCH, BRUCE K		3.2 NAME	
STREET ADDRESS	281 TRESSER BLVD #501		3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OBERNAUER, MARNE JR		4.2 NAME	
STREET ADDRESS	450 PARK AVE #2001		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GORSKI, DONALD J		5.2 NAME	
STREET ADDRESS	770 TAMALPAIS DR #400		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA 94925		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FRASCO, ROBERT A		6.2 NAME	
STREET ADDRESS	281 TRESSER BLVD #501		6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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