

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001485

1. Entity Name

TALKING BOOK WORLD CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90185 020 ***150.00

Principal Place of Business

Mailing Address

26211 CENTRAL PARK BLVD.. #415
 SOUTH FIELD MI 48076

26211 CENTRAL PARK BLVD.. #415
 SOUTH FIELD MI 48076-4159

2. Principal Place of Business

17049 Pines Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pine, FL

City & State

4. FEI Number **38-3251378**

Applied For
 Not Applicable

Zip

Country

33027

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGOWEN, GAVIN
 17049 PINES BLVD.
 PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name **Richard Simtob**
 Street Address (P.O. Box Number is Not Acceptable)

17049 Pines, Blvd
 City **Pembroke Pine FL** Zip Code **33027**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	SIMTOB, RICHARD	
STREET ADDRESS	5929 PETROS DRIVE	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48324	
TITLE	W	<input type="checkbox"/> Delete
NAME	PEREIRA, TYRONE	
STREET ADDRESS	12718 TORREY BLUFF	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KEST, JONNY	
STREET ADDRESS	1763 BATES	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pereira, Tyrone	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2034 Jewell Ridge	
CITY-ST-ZIP	Vista, CA 92083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00 248-945-9999

Date

Daytime Phone #

248-945-9999

CR2E034 (9/99)