## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

## FILED DOCUMENT # F9900001485 Mar 02, 2000 8:00 am 1. Entity Name TALKING BOOK WORLD CORPORATION **Secretary of State** 03-02-2000 90185 020 \*\*\*150.00 Principal Place of Business Mailing Address 26211 CENTRAL PARK BLVD.. #415 26211 CENTRAL PARK BLVD., #415 SOUTH FIELD MI 48076 SOUTH FIELD MI 48076-4159 2. Principal Place of Business 3. Mailing Address 17049 PiNes -B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-3251378 Pembrok Not Applicable Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGOWEN, GAVIN Street Address (P.O. Box Number is Not Acceptable) 17049 PINES BLVD. PEMBROKE PINES FL 33027 Zip Code ろろの 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC ☐ Change ☐ Addition TITLE TITI F Delete SIMTOB, RICHARD NAXAE NAME 5929 PETROS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP WEST BLOOMFIELD MI 48324 Change Addition ☐ Delete TITLE TITLE Pereiea, Tyrone PEREIRA, TYRONE NAME 2034 Jewell Ridge Vista, CA 92083 STREET ADDRESS 12718 TORREY BLUFF STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92130 CITY-ST-ZIP STD ☐ Addition TITLE Delete TITLE KEST, JONNY NAME **1763 BATES** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM MI 48009** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if