

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90003 006 \*\*\*550.00

**DOCUMENT # F99000001485**

1. Entity Name  
**TALKING BOOK WORLD CORPORATION**

Principal Place of Business Mailing Address  
**17049 PINES BLVD** **26211 CENTRAL PARK BLVD., #415**  
**PEMBROKE PINES FL 33027** **SOUTH FIELD MI 48076**

2. Principal Place of Business 3. Mailing Address  
**1832 South Federal Hwy** **1513 6th Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**201**  
 City & State City & State  
**Delray Beach, FL** **Santa Monica, CA**  
 Zip Country Zip Country  
**33483** **US** **90401** **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3251378** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SIMTOB, RICHARD**  
**17049 PINES BLVD.**  
**PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent  
 Name **Kristen Krawiec**  
 Street Address (P.O. Bx Number is Not Acceptable)  
**1832 South Federal Hwy**  
 City **Delray Beach** **FL** Zip Code **33483**

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 Kristen Krawiec DATE 5/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>SIMTOB, RICHARD</b> <b>5929 PETROS DRIVE</b> <b>WEST BLOOMFIELD MI 48324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VV</b> <b>PEREIRA, TYRONE</b> <b>12718 TORREY BLUFF</b> <b>SAN DIEGO CA 92130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KEST, JONNY</b> <b>1763 BATES</b> <b>BIRMINGHAM MI 48009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Craig, George</b> <b>1513 6th Street, #201</b> <b>Santa Monica, CA 90401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Topham, Neil</b> <b>1513 6th Street, #201</b> <b>Santa Monica, CA 90401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Kristen Krawiec</b> <b>1513 6th Street, #201</b> <b>Santa Monica, CA 90401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kristen Krawiec DATE 5/24/01 Daytime Phone # 310 394 4754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)