

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
PEMBROKE PINES FL 33027

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

2. Principal Place of Business

1832 South Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address

1513 6th Street
 Suite, Apt. #, etc.
201

City & State

Delray Beach, FL

Zip

Country

33483

US

City & State

Santa Monica, CA

Zip

Country

90401

US

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

7. Name and Address of New Registered Agent

SIMTOB, RICHARD
17049 PINES BLVD.
PEMBROKE PINES FL 33027

Name

Kristen Krawiec

Street Address (P.O. Box 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

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

(NOTE: Registered Agent signature required when reinstating)

5/24/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	SIMTOB, RICHARD	
STREET ADDRESS	5929 PETROS DRIVE	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48324	
TITLE	VV	<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		

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

Kristen Krawiec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01

Date

310 394 4854

Daytime Phone #

CR2E034 (10/00)