

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90719 026 \*\*\*150.00

0815192 AT

**DOCUMENT # F99000001485**  
 1. Entity Name  
**TALKING BOOK WORLD CORPORATION**

Principal Place of Business Mailing Address  
**1832 SOUTH FEDERAL HWY DELRAY BEACH FL 33483**  
**1513 6TH STREET #201 SANTA MONICA CA 90401**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
**18955 Ventura Blvd. Ste. A Tarzana, CA 91356 USA**

4. FEI Number **38-3251378** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KRAWIC9, KRISTEN**  
**1832 SOUTH FEDERAL HWY**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent  
 Name: **N/A**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** Zip Code

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 **N/A** 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, 2002 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>W</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	<b>C</b> <b>CRAIG, GEORGE</b> <b>1513 6TH STREET #201</b> <b>SANTA MONICA CA 90401</b> <input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>KRAWIC, KRISTEN</b> <b>1513 6TH STREET #201</b> <b>SANTA MONICA CA 90401</b> <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	<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 <b>18955 VENTURA BLVD. STE A</b> <b>TARZANA, CA 91356</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 VENTURA BLVD. STE A</b> <b>TARZANA, CA 91356</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 VENTURA BLVD. STE A</b> <b>TARZANA, CA 91356</b>
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 Krawic** DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)