

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90719 026 ***150.00

0815182 AT

DOCUMENT # F99000001485

1. Entity Name

TALKING BOOK WORLD CORPORATION

Principal Place of Business

**1832 SOUTH FEDERAL HWY
DELRAY BEACH FL 33483**

Mailing Address

**1513 6TH STREET
#201
SANTA MONICA CA 90401**

2. Principal Place of Business

3. Mailing Address

18955 Ventura Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. A

City & State

City & State

TARZANA, CA

Zip

Country

Zip

91356

Country

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**

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, 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	W PEREIRA, TYRONE 12718 TORREY BLUFF SAN DIEGO CA 92130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEST, JONNY 1763 BATES BIRMINGHAM MI 48009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRAIG, GEORGE 1513 6TH STREET #201 SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPHAM, NEIL 1513 6TH STREET #201 SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KRAWIC, KRISTEN 1513 6TH STREET #201 SANTA MONICA CA 90401	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**18955 VENTURA BLVD. STE A
TARZANA, CA 91356**

**18955 VENTURA BLVD. STE A
TARZANA, CA 91356**

**18955 VENTURA BLVD. STE A
TARZANA, CA 91356**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)