


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90451 011 ***150.00

DOCUMENT # F99000001485

1. Entity Name
TALKING BOOK WORLD CORPORATION



Principal Place of Business
**1832 SOUTH FEDERAL HWY
DELRAY BEACH FL 33483**

Mailing Address
**18955 VENTURA BLVD
STE A
TARZANA CA 91356**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3251378**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	WV	<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	C	<input type="checkbox"/> Delete
NAME	CRAIG, GEORGE	
STREET ADDRESS	18955 VENTURA BLVD STE A	
CITY-ST-ZIP	TARZANA CA 91356	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOPHAM, NEIL	
STREET ADDRESS	18955 VENTURA BLVD STE A	
CITY-ST-ZIP	TARZANA CA 91356	
TITLE	M	<input type="checkbox"/> Delete
NAME	KRAWIC, KRISTEN	
STREET ADDRESS	18955 VENTURA BLVD STE A	
CITY-ST-ZIP	TARZANA CA 91356	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristen Stillwell **KRISTEN STILLWELL** 1/30/03 818 609 7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)