

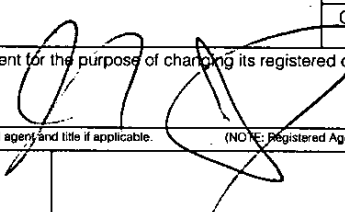
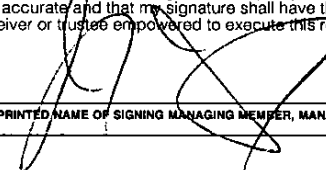


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90022 020 ****50.00

DOCUMENT # L03000005904					
1. Entity Name SAFARI PUBLISHING, LLC					
Principal Place of Business 549 WYMORE RD, STE 109 MAITLAND, FL 32751			Mailing Address 549 WYMORE RD, STE 109 MAITLAND, FL 32751		
2. Principal Place of Business 2180 West SR 434 Suite, Apt. #, etc. Suite 6190 City & State Longwood Zip FL		3. Mailing Address 2180 West SR 434 Suite, Apt. #, etc. Suite 6190 City & State Longwood Zip 32779		20037981 	
04152005 Chg-LLC CR2E083 (10/03)		4. FEI Number 51-0447481		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ICARDI, JEFFREY A 549 WYMORE RD, STE 109 MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name: Icardi, Jeffrey A Street Address (P.O. Box Number is Not Acceptable): 2180 West SR 434, Suite 6190 City: Longwood FL Zip Code: 32779				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:  DATE: 4/15/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICARDI, JEFFREY A 549 WYMORE RD, STE 109 MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Icardi, Jeffrey A. 2180 West SR 434, Suite 6190 Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4/15/05 407-647-2811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					