

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

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90011 042 \*\*\*150.00

**DOCUMENT #** 100000001897 ✓

1. Entity Name

PRINCETON REVIEW PUBLISHING, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2315 BROADWAY

3. Mailing Address  
2315 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NEW YORK, NEW YORK

City & State  
NEW YORK, NEW YORK

4. FEI Number  
13-3839184

Applied For  
Not Applicable

Zip  
10024

Country

Zip  
10024

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City  
TALLAHASSEE, FL

FL

Zip Code  
32301

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

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRESIDENT  
JOHN KATZMAN  
2315 BROADWAY  
NEW YORK, NEW YORK 10024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY  
MARK CHERNIS  
2315 BROADWAY  
NEW YORK, NEW YORK 10024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREASURER  
STEPHEN MELVIN  
2315 BROADWAY  
NEW YORK, NEW YORK 10024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #