

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *M000000001897*
1. Entity Name
PRINCETON REVIEW PUBLISHING, L.L.C.
FOR YEAR 2003



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 23 AM 9:18

Vol 1/23

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 ☐ \$5.00 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

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

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
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (1/2/02)