2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # P0000019335 1. Entity Name HEMISPHERE PRESS, INC.					04-20-2005 90360 048 ***150.00			
Principal Place of Business Mailing Address					1		50041	ววก
6722 NW 72 AVE P.O. BOX 5			OX 52-3222 , FL 33152-3222			III eris svih sum		·
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 65-09843		No	plied For t Applicable
Zip	Country Zip Co		Coun	try	-5:-Certificate of Status Desired - Fee Required		litional	
	6 Name and Address of Curren	Registered Agent						u
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
YOUNG, JOHN M 8225 SW 98TH ST MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)				
	j				· .			
		City				FL Zip Code	e	
	named entity submits this statement ons of registered agent.	or the purpose of changing its	s registero	ed office or registe	ered agent, or both,	in the State of	Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE; Registere	d Agent signature require	ed when reinstating)		DATE	
		0.51						
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550		tribution.	Ad	ded to Fees			
10	The state of the s				ADDITIONS/C	HANGES TO O	FFICERS AND DIRECTOR	
TITLE NAME	PD YOUNG, JOHN M	☐ Delete	TITLI NAM				☐ Change	☐ Addition
i ·			ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP				
TITLE	VD	☐ Delete	TITLI				☐ Change	☐ Addition
NAME	ROQUETA, LYNDA			- 1				ļ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE	WIIAWII, I C 33142	Delete	TITL				Change	
NAME			NAM				similar	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-1-	-ST-ZIP				C Notice 1
TITLE		☐ Delete	TITL NAM				☐ Change	. Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	'-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAM	•				1
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				
TITLE		☐ Delete	mi	E		- ;	☐ Change	Addition
NAME STREET ADDRESS			NAM-STR	EET ADDRESS -				
CITY-ST-ZIP				-ST-ZIP				
l indicatéd	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that	mv siana	iture shall have the	e same legal effect	as if made und	ler oath; that I am an office	r or director

SIGNATURED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

SIGNATURE: