

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093161

FILED
Feb 11, 2005
Secretary of State

Entity Name: ABOARD PUBLISHING, INC.

Current Principal Place of Business:

ONE HERALD PLAZA
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

KNIGHT RIDER TAX DEPT.
SUITE 1200
SAN JOSE, CA 95113

New Mailing Address:

FEI Number: 65-1051606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AV () Delete
Name: HAUSWIRTH, LYNDIA
Address: 50 W SAN FERNANDO ST
City-St-Zip: SAN JOSE, CA 95113

Title: C () Delete
Name: SOPER, WILLARD
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: LAFFOON, POLK
Address: 50 W SAN FERNANDO ST
City-St-Zip: SAN JOSE, CA 95113

Title: VTD () Delete
Name: EFFREN, GARY
Address: 50 W SAN FERNANDO ST
City-St-Zip: SAN JOSE, CA 95113

Title: D () Delete
Name: CEPPOS, JEROME
Address: 50 W SAN FERNANDO ST
City-St-Zip: SAN JOSE, CA 95113

Title: D () Delete
Name: CONNORS, MARY J
Address: 50 W SAN FERNANDO ST
City-St-Zip: SAN JOSE, CA 95113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA HAUSWIRTH

AVP

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date