FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # POIDOOD 22860 02 NOV 15 AM 10: 55 GOODKIN PUBLISHING, INC. SCONDINAY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6217 N.W. 32nd Terrace 4731 W. Atlantic Avenue Suite, Apt. #, etc Suite B-20 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State

Delray Beach, FL City & State 4. FEI Number Applied For Boca Raton, FL 65-1079461 Not Applicable ^{Zip} **33445** Country Country \$8.75 Additional USA 33496 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Laura S. Blackman, Esq. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN-THIS-SPACE 6217 N.W. 32nd Terrace City Boca Raton Zip Codi 33496 8. The above named g statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. typed or printed name of registered agent and little 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE Adam Goodkin- Director NAME 6217 NW 32nd Terrace NAME STREET ADDRESS STREET ADDRESS Boca Raton, FL 33496 CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE 0000008686380 NAME NAME 10/30/02--01015--002 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DO NOT WRITE CITY_ST_ZIP: TITLE TITLE IN THIS SPACE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NÁME

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 attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

WWW Adam Good KI.
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 561/865-8101

CR2E034B (12/01

November 12, 2002

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VIA CERTIFIED MAIL

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Attn: Justin Shivers

RE: GOODKIN PUBLISHING, INC.

Dear Mr. Shivers:

We are in receipt of your letter dated November 5, 2002. As stated in the correspondence previously forwarded by our attorney, the 2002 Uniform Business Report was not filed by on behalf of the above referenced corporation as we did not receive either the original Uniform Business Report Form or the reminder notices normally forwarded by the Division of Corporations.

I am returning the original 2002 Uniform Business Report you returned as well as a copy of your correspondence for easy reference. Please note that the mailing address for the corporation has been changed to my attorney's offices to ensure proper receipt and handling of the annual reports, as well as other corporate issues, in the future.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me, and we will be glad to assist you.

Sincerely

Adam Goodkin President