2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90726 025 ***150.00

DOCUMENT # P02000020124

1. Entity Name
CITY PHONE BOOK PUBLISHING, INC.

Principal Place of Business	Mailing Address
CPM, 930 WASHINGTON AVE. THIRD FLOOR MIAMI BEACH, FL 33139	CPM, 930 WASHINGTON AVE. THIRD FLOOR MIAMI BEACH, FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
20320 NE 34 COURT	20320 NE 34 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA, FL	City & State: AVENTURA FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number 36-4490679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOOM, DAVID 3675 N. COUNTRY CLUB DR. SUITE 502 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable): 20320 NE 34 COURT City: AVENTURA FL Zip Code: 33180

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: DAVID BLOOM, TD. DATE: 4/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PROENZA, ANTHONY 18782 N.W. 80 AVE. MIAMI, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALEV, MARK 1155 BRICKELL AVE. SUITE 907 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STERN, MICHAEL 3500 MYSTIC POINTE DR. SUITE 2907 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20730 NE 30 PLACE AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLOOM, AMIT 3675 N. COUNTRY CLUB DR SUITE 502 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20320 NE 34 COURT AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLOOM, DAVID 3675 N. COUNTRY CLUB DR SUITE 502 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20320 NE 34 COURT AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BLOOM 4/09/03 305-932-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #