2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 AM **DOCUMENT # P03000010379 Secretary of State** 1. Entity Name THE J2 GROUP INC. Principal Place of Business Mailing Address 200 4TH AVE. SOUTH 200 4TH AVE. SOUTH # 131 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 13-3890938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTELLANO, NELSON T DO NOT WRITE 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARKES, JEANNE S NAME U00000777950 STREET ADDRESS 200 4TH AVE SOUTH # 131 01/10/08-80028-014 150.00 ST. PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME LATTANZIO, JEANNE M STREET ADDRESS 11015 DEODAR WAY CITY-ST-ZIP RENO, NV 98506 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP T(T) F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 by 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 attachyment with an address, with at other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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