

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36020

FILED
Mar 18, 2008
Secretary of State

Entity Name: CHAIN STORE PUBLISHING CORPORATION

Current Principal Place of Business:

3922 COCONUT PALM DR.
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

3922 COCONUT PALM DR
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 13-6097905

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 ROAD
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: PD () Delete
Name: FRIEDMAN, J. ROGER,
Address: 425 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: S (X) Delete
Name: RAPUZZI, JOHN
Address: 425 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D (X) Delete
Name: KELLY, JAMES,
Address: 42 BYRON LANE
City-St-Zip: LARCHMONT, NY 10538

Title: VTD () Delete
Name: MILLS, DANIEL J.
Address: 425 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH ISABEL

CO

03/18/2008

Electronic Signature of Signing Officer or Director

_____ Date