## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Mar 26 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000057810 (2) DOCUMENT # AUDIO BOOK CLUB, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD. NW PO BOX 5010 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 08/16/1993 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 65-0429858 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional • 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 HERRICK, NORTON 2295 CORPORATE BLVD, NW 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 222** 63 **BOCA RATON FL 33431** 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 1<u>3.</u> CEO, A, E DELETE \_\_\_ Addition TITLE 1.1 TITLE HERRICK, NORTON NAME 1.2 NAME 2295 CORPORATE BLVD NW SUITE 222 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Addition **VDAS** TITLE 217(7)8 HERRICK, HOWARD 2.2 NAME 20 COMMUNITY PL STREET ADDRESS 2.3 STREET ADDRESS MORRISTOWN N CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE C60, D, AJ Change Addition TITEF NAME HERRICK, MICHAEL 3.2 NAME 2295 CORPORATE BLVD NW SUITE 222 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS Maniform NO 07960 4.4 CITY-ST-ZIP CITY-ST-ZIP CVP CFO DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME John Lev v STREET ADDRESS 5.3 STREET ADDRESS VJ 07960 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 annual report or supplemental annual report is frue 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if an an attachment with an address.

**FILED** 

561-24/9890