

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90041 010 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000039969 1. Entity Name TIME, INC.					
Principal Place of Business 125 WORTH AVENUE SUITE 202 PALM BEACH, FL 33480			Mailing Address C/O FARBER 498 BERGEN BLVD RIDGEFIELD, NJ 07657 US		
2. Principal Place of Business 1144 NORTH OCEAN BLVD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM BEACH, FL		City & State		4. FEI Number 65-0498991	
Zip 33480		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPELL, PAUL 125 WORTH AVENUE SUITE 202 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name LAUREN MIMUN Street Address (P.O. Box Number is Not Acceptable) 1144 N. OCEAN BLVD. City PALM BEACH FL Zip Code 33480		
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 <i>Lauren Mimun</i> LAUREN MIMUN PRESIDENT 1-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MIMUN, LAUREN PO BOX 247 N/A PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMUN, LAUREN 1144 NORTH OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Lauren E. Mimun, Pres.</i>		Date 1/12/05 Daytime Phone # 561-881-1358			