

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90123 007 ***150.00

DOCUMENT # P96000047334

1. Entity Name
THE GREEK TELEPHONE DIRECTORY, INC.



Principal Place of Business
**401 MERION HILL LANE
W. CONSHOHOCKEN, PA 19428**

Mailing Address
**15315 MAGNOLIA BLVD.
SHERMAN OAKS, CA 91403 US**

2. Principal Place of Business

3. Mailing Address
**4520 FULTON AVE.
3**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SHERMAN OAKS, CA

Zip

Country

Zip

Country

91423

USA

04092006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0681779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
TOLLIN, STEPHEN
4520 FULTON AVE.
SHERMAN OAKS, CA 91423**

☐ Delete

☐ Delete

☐ Delete

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☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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: **Steve Tollin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06
Date

818-501-5250
Daytime Phone #