## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000047334

Entity Name: THE GREEK TELEPHONE DIRECTORY, INC.

FILED Mar 17, 2009 Secretary of State

| Current Principal Place of Business:  | New Principal Place                | New Principal Place of Business:       |  |
|---|------------------------------------|--|--|
| 401 MERION HILL LANE<br>W. CONSHOHOCKEN, PA 19428                                       |                                    |  |  |
| Current Mailing Address:  | New Mailing Address                | New Mailing Address:                   |  |
| 4520 FULTON AVE.<br>#3<br>SHERMAN OAKS, CA 91423 US                                     |                                    |  |  |
| FEI Number: 65-0681779 FEI Number Applied For ( )                                       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                    | f New Registered Agent:                |  |
| PARACORP INC.<br>236 EAST 6TH AVENUE<br>TALLAHASSEE, FL 32303 US                        |                                    |  |  |
| The above named entity submits this statement for the in the State of Florida.          | purpose of changing its registered | d office or registered agent, or both, |  |
| SIGNATURE:  |                                    |  |  |
| Electronic Signature of Registered Ag   | jent                               | Date                                   |  |
| Election Campaign Financing Trust Fund Contribution ( ).                                |                                    |  |  |
| OFFICERS AND DIRECTORS:   | ADDITIONS/CHANGE                   | S TO OFFICERS AND DIRECTORS:           |  |
| Title: PTSD () Delete Name: TOLLIN, STEPHEN Address: 4520 FULTON AVE. #3                | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                |  |

City-St-Zip:

SHERMAN OAKS, CA 91423

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: STEPHEN TOLLIN PTSD 03/17/2009