



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000023799 1. Entity Name IMS PUBLISHING, INC.			
Principal Place of Business 305 S ANDREWS AVE SUITE 402 FORT LAUDERDALE, FL 33301 US		Mailing Address 305 S ANDREWS AVE SUITE 402 FORT LAUDERDALE, FL 33301 US	
DO NOT WRITE IN THIS SPACE		 01072005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0739459		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)</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		U00000251889 03/05/05-80005-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARSENTI, MICHEL 305 SOUTH ANDREWS AVE STE 402 FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TURNER, DOROTHY 305 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Dorothy K Turner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	