

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91462 041 \*\*\*158.75

<b>DOCUMENT # P97000036381</b>					
<b>1. Entity Name</b> <b>IDEAL BOOKS, INC.</b>					
<b>Principal Place of Business</b> 400 S DIXIE HWY SUITE #3 HALLANDALE, FL 33009			<b>Mailing Address</b> 20634 NE 9TH COURT NORTH MIAMI BEACH, FL 33179		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 5670 Oak Tree Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b> Hollywood, FL		
<b>Zip</b>		<b>Country</b>		<b>Zip</b> 33312	
<b>Country</b>		<b>Country</b> USA		<b>4. FEI Number</b> 65-0778455	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KAUFMAN, BONNIE 400 S. DIXIE HWY #3 HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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:</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> KAUFMAN, BONNIE 20634 NE 9TH COURT NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	5670 Oak Tree Ave Hollywood, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> KESSLER, RITA 21230 NE 24TH CT NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Bonnie Kaufman</u>			4-21-03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CR2E034 (10/02)