

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0160404 AV

04-14-2003 90381 045 \*\*\*150.00

**DOCUMENT # P97000056513**

1. Entity Name  
**DLS BOOKS, INC.**



Principal Place of Business  
**3337 OAK DRIVE  
HOLLYWOOD FL 33021  
US**

Mailing Address  
**3337 OAK DRIVE  
HOLLYWOOD FL 33021  
US**

**10070656**



2. Principal Place of Business  
**431 Madison Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**431 Madison Dr.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Shrewsbury PA**

City & State  
**Shrewsbury PA**

4. FEI Number  
**65-0770932**

Applied For  
 Not Applicable

Zip  
**17361** Country

Zip  
**17361** Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DEBBIE  
3337 OAK DRIVE  
HOLLYWOOD FL 33021**

Name  
**Dale Lupien.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3601 N. Park Road**  
City  
**Hollywood** FL Zip Code  
**33021**

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 *Dale Lupien*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P SMITH, DEBBIE L**  
STREET ADDRESS **3337 OAK DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33071**

TITLE  Change  Addition  
NAME **Smith, Debbie**  
STREET ADDRESS **431 Madison Dr**  
CITY-ST-ZIP **Shrewsbury PA 17361**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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: *Dale Lupien* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/03**

Date

**717-227-9576**

Daytime Phone #

CR2E034 (10/02)