## **2005 FOR PROFIT CORPORATION**

## Mar 04, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P97000056560 03-04-2005 90085 031 \*\*\*150.00 1. Entity Name FUN PUBLISHING COMPANY Principal Place of Business Mailing Address 40046470 1620 WEST OAKLAND PARK BLVD. SUITE 300 G801 POWERLINE RO 1620 WEST OAKLAND PARK BLVD. SUITE 300 6801 POWERLINE RD FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL-33311 FORT LAURERDAGE FL 33309 FORT LAUDERDHENZ 33309 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0762948 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAVIK, JEFFREY 1620 W OAKLAND PARK BLVD JOBO N. OCEAN BUND \$1510 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FZ 33309 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 applical (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS TITLE 5000 N. OCEAN POLUD FBLVD, 41510 ZAVIK, JEFFREY S NAME STREET ADDRESS 1620 WEST OAKLAND PARK BLVD-ET-LAUDERDALE, FL 33311- FORT LAUREROME FL CITY-ST-ZIP TITLE 33309 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 suppliemental eport 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 of the fister 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 attactment with an address with all enterplike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date Daytime Phone #

FILED