## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P97000056560 1. Entity Name FUN PUBLISHING COMPANY Principal Place of Business Mailing Address 6801 POWERLINE RD **6801 POWERLINE RD** FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 01132006 DO NOT WRITE IN THIS SPACE

**FILED** Feb 03, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable



 $\Box$ 

No Chg-P

4. FEI Number 65-0762948

5. Certificate of Status Desired

	D. Hattie and Madress of Cattern Nagis	Inian vacin	ì			
ZAVIK, JEFFREY 5000 N OCEAN BLVD #1510 FORT LAUDERDALE, FL 33309			DO NOT WRITE IN THIS SPACE			
8. The above the obligar	named entity submits this statement for the $\rho$ tions of registered agent.	ourpose of changing its registers	ed office or re	agistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and file if applicable. (NOTE Registored				I Agent signature required when reinstating   DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVIK, JEFFREY S 5000 N OCEAN BLVD #1510 FORT LAUDERDALE, FL 33309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/14/06-80009-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 supplier 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 truefie imperpend to exam this report as faquing by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an adjoint with all other like gropowered.

SIGNATURE:

BBE NAME STREET ADDRESS City-St-Zip

NAME STREET ADDRESS

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