

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085470

FILED
Apr 28, 2004
Secretary of State

Entity Name: ALTERNATIVE YELLOW PAGES, INC.

Current Principal Place of Business:

38856 US HWY 19 N
TARPON SPRINGS, FL 34689

New Principal Place of Business:

210 S PINELLAS AVENUE
220
TARPON SPRINGS, FL 346893672 US

Current Mailing Address:

687 ALDERMAN RD
#228
PALM HARBOR, FL 34683

New Mailing Address:

210 S PINELLAS AVENUE
220
TARPON SPRINGS, FL 346893672 US

FEI Number: 59-3482013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMMER, RICHARD F
12157 W. LINEBAUGH AVE
#306
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

LIMMER, RICHARD F
12157 W. LINEBAUGH AVE
#306
TAMPA, FL 336261732 US

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.

SIGNATURE: RICHARD F. LIMMER

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, PAULA L
Address: 687 ALDERMAN RD
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: WELLS, JAMES E
Address: 687 ALDERMAN RD
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KROHN, JULIE A
Address: 687 ALDERMAN RD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCDONALD, PAULA L
Address: 210 S PINELLAS AVENUE #220
City-St-Zip: TARPON SPRINGS, FL 346893672 US

Title: D (X) Change () Addition
Name: WELLS, JAMES E
Address: 210 S PINELLAS AVENUE #220
City-St-Zip: TARPON SPRINGS, FL 346893672 US

Title: D (X) Change () Addition
Name: KROHN, JULIE A
Address: 210 S PINELLAS AVENUE #220
City-St-Zip: TARPON SPRINGS, FL 346893672 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA L MCDONALD

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date