2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025727

Entity Name: DISCOVER MAGAZINE, INC.

FILED Mar 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20730 NE 3O PLACE 425 NW 10 TERRACE

AVENTURA, FL 33180 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

20320 NE 34 CT. 425 NW 10 TERRACE

AVENTURA, FL 33180 HALLANDALE BEACH, FL 33009

FEI Number: 65-0821196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOOM, DAVID
20320 NE 34 COURT
BLOOM, DAVID
425 NW 10 TERRACE

AVENTURA, FL 33180 US 425 NW 10 TERRACE
HALLANDALE BEACH, FL 33009 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: DAVID BLOOM 03/10/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 STERN, MICHAEL
 Name:
 STERN, MICHAEL

 Address:
 20730 NE 30 PLACE
 Address:
 425 NW 10 TERRACE

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: HALLANDALE BEACH, FL 33009

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BLOOM, AMIT
 Name:
 BLOOM, AMIT

 Address:
 20730 NE 30 PLACE
 Address:
 425 NW 10 TERRACE

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T () Delete Title: T (X) Change () Addition

Name: BLOOM, DAVID Name: BLOOM, DAVID

 Address:
 20730 NE 30 PLACE
 Address:
 425 NW 10 TERRACE

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID BLOOM T 03/10/2008