## FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90193 010 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900030027  1. Entity Name PUBLISHERS FULFILLMENT SERVICES, INC.									90028991						
Principal Place of Business 9045 LA FONTANA BLVD SUITE C16A BOCA RATON, FL 33434			9045 I SUITE (	Mailing Address 9045 LA FONTANA BLVD SUITE C16A BOCA RATON, FL 33434					• .		000	NU	001		
2. Principal	Place of Busin	3. Maiil	3. Mailing Address												
Suite, Apt. #, etc.			Suite	Suite, Apt #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City 8	City & State			4. FEI Numb			384			pplied For	] .	
Zip	, J.		Zip	] '		Country		5. Certificate of					ot Applicable ditional	e 	
		and Address of Curre	nt Registered	Agent		Name	7	. Name and	Address of N	w Registe	red Agent			╛	
	ALAN M 8TH STREE FON, FL 334				Street Address (P.O. Box Number is Not Acceptable)										
						City	<del></del>		<del></del>		FL Z	p Cod	le	4	
The above the obliga	named entity	y submits this statement ered agent.	for the purpos	se of changing its	registere	l ad office or regis	stered	agent, or both	, in the State of	Florida i	am familla	r with,	and accept	$\frac{1}{2}$	
SIGNATURE		or partial name of registered age.													
	FILE NOW!	FEE IS \$160.00	6.00	acre. (NOT	E Registera	J Agent signaturii requ	ired whe			CA				-	
, Make Check	Payable to	S Fee Will be \$550.00 Fjorida Department	of State					9. Elec Trus	tion Campaigi t Fund Contrib	Tinancing ution.		\$5.0 Added	<b>0</b> May Be I to Fees		
TITLE	PSTD	OFFICERS AND	DIRECTORS		11.			ADDITIONS/C	HANGES TO	OFFICERS A	AND DIRE	CTOR	3 IN 11		
NAME STREET ADDRESS CITY-ST-ZP	NISSMAN, 5970 SOUT	ALAN M THWEST 18TH STRE TON, FL 33433	ET	Oelete	19						<b>□</b> ¢:	range	Addition	CRZE034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					[] C1	ange	Addition	CRZE	
NAME STREET ADDRESS CITY-ST-2IP				☐ Delete	TITLE NAME	ZZBROUA T					□ CN	ange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADORESS			<u> </u>		□ Ch	inge	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP	•			☐ Delete	i i	ADDRESS		<u> </u>	ŧ	<u>-</u> -	☐ Che	inge	Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P			<u>'</u>	☐ Delete	CITY-S TITLE NAME STREET CITY-S	ADORESS		·	<u></u>		Che	nge	Addition .		
12. I hereby condition of the corp changed, of SIGNATI	oration or the	nformation supplied with or supplemental report is receiver or trustee emportment with an address. It statutes and the basis of statutes are statutes and the basis of statutes and the basis of statutes are statutes are statutes and the basis of statutes are statutes are statutes and the basis of statutes are statute	owered to exe	es not qualify for i urate and that m cute this report a ike empowered.	the exemi y signatur is require	ption stated in Si re shall have the d by Chapter 60	ection same 7, Flor	119.07(3)(i), filegal effect as ida Statutes; a	Florida Statute is if made under and that my na	s. I further c ir oath; that me appears	ertify that it am an of s in Block	ficer or 10 or E	ormation r director Nock 11 if		