

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004562

Entity Name: WEDDINGPAGES, INC.

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

11106 MOCKINGBIRD DRIVE  
OMAHA, NE 68137

**New Principal Place of Business:**

**Current Mailing Address:**

11106 MOCKINGBIRD DRIVE  
OMAHA, NE 68137

**New Mailing Address:**

FEI Number: 47-0708987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VCFO ( ) Delete  
Name: ALLEN, CRAIG  
Address: 11106 MOCKINGBIRD DRIVE  
City-St-Zip: OMAHA, NE 68137

Title: S ( ) Delete  
Name: RUBIN, JANET  
Address: 11106 MOCKINGBIRD DRIVE  
City-St-Zip: OMAHA, NE 68137

Title: D ( ) Delete  
Name: LIU, DAVID  
Address: 462 BROADWAY 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10013

Title: D ( ) Delete  
Name: STILES, SANDRA  
Address: 462 BROADWAY 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10013

Title: VP ( ) Delete  
Name: DOLPHENS, FRANK  
Address: 11106 MOCKINGBIRD DRIVE  
City-St-Zip: OMAHA, NE 68137

Title: VP ( ) Delete  
Name: HILL, LISA  
Address: 11106 MOCKINGBIRD DRIVE  
City-St-Zip: OMAHA, NE 68137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRAIG ALLEN

VCFO

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date