


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90165 046 ***150.00

DOCUMENT # F97000000672

1. Entity Name
INFOUSA MARKETING, INC.



Principal Place of Business: **5711 SOUTH 86TH CIRCLE OMAHA, NE 68127**

Mailing Address: **5711 SOUTH 86TH CIRCLE OMAHA, NE, 68127**

54052905



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **47-0794710**

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUPTA, VINED	
STREET ADDRESS	5711 S 86TH CIRCLE	
CITY-ST-ZIP	OMAHA, NE 68127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAKILI, FRED	
STREET ADDRESS	5711 S 86TH CIRCLE	
CITY-ST-ZIP	OMAHA, NE 68127	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DEAN, STORMY L	
STREET ADDRESS	5711 SOUTH 86TH CIRCLE	
CITY-ST-ZIP	OMAHA, NE 68127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Hoffman	
STREET ADDRESS	5711 S. 86th Circle	
CITY-ST-ZIP	Omaha, NE 68127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tr Hoffman **Tim Hoffman** 4-29-04 402-598-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #