2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000476

Entity Name
 AGORA PUBLISHING, INC.



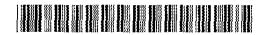
14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201

Principal Place of Business

Mailing Address

14 WEST MOUNT VERNON PLACE
BALTIMORE, MD 21201

FILED Jul 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07072004 No Chg-P CR2E034 (10/03)

4. FEI Number	 Applied For
52-0953737	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

414-783-8421

5. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

KOPLAS, ANN 235 NE FOURTH AVENUE DELARY BEACH, FL 33483

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or re	agistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signature, types or printed name of registered agent and title	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financi Trust Fund Contribution.		cling	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , , ,	The same of the sa
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PC BONNER, WILLIAM 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201	,		, 	U00000168406 07/26/04-80012-012 550.0D
TITLE NAME STREET ADDRESS CITY -ST - ZIP	VPVC DAVIDSON, JAMES 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, JAMES 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201	-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CTY-ST-ZIP	TD BARNHILL, GREGORY 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D KEPHART, ROBERT 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201				
TITLE NAME STREET ADDRESS CITY: ST: ZIP					
indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ind accurate and that my signati If to execute this report as requir	nption states ure shall haved ed by Chap	d in Section 119.07(3) te the same legal effe- ter 607, Florida Statuti	(7). Florida Statutes, I further certify that the information of as if made under cath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if