


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F02000000476</b> 1. Entity Name AGORA PUBLISHING, INC.	
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Principal Place of Business 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201	Mailing Address 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
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07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-0953737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
KOPLAS, ANN  
235 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, types or printed name of registered agent and date if applicable

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BONNER, WILLIAM 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARNHILL, GREGORY 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEPHART, ROBERT 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168406  
07/26/04-80012-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # 414-783-8421