

2005  
~~2004~~ FOR PROFIT CORPORATION  
 AMENDED ANNUAL REPORT

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB -7 PM 4: 31

01/10/05 01026 017 \$ 61.25



12222004 Chg-P CR2E034 (10/03)

**DOCUMENT # P02000134821**

1. Entity Name  
 REAL TIME X, CORP.



Principal Place of Business 3902 CITY AVENUE ADAMS # B 1013 PHILADELPHIA, PA 19131 US	Mailing Address 3902 CITY AVENUE ADAMS # B 1013 PHILADELPHIA, PA 19131 US
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2. Principal Place of Business 3903 CITY AVE JEFFERSON Suite, Apt. #, etc. C-702	3. Mailing Address 3903 CITY AVE JEFFERSON Suite, Apt. #, etc. C-702
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City & State PHILADELPHIA, PA Zip 19131 Country US	City & State PHILADELPHIA, PA Zip 19131 Country US
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" 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

MAZZA-MARTINEZ, TANIA A  
 780 NW 42 AVENUE, SUITE 420  
 MIAMI, FL 33128

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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	D UZBELGER, DANIEL 3902 CITY AVENUE ADAMS # B 1013 PHILADELPHIA, PA 19131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIACABA, ASTRID 3902 CITY AVENUE ADAMS # B 1013 PHILADELPHIA, PA 19131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIEL UZBELGER 3903 CITY AVE JEFFERSON # C-702 PHILADELPHIA, PA 19131 US <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASTRID VIACABA 3903 CITY AVE JEFFERSON # C-702 PHILADELPHIA, PA 19131, US <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	02/15/05--01059--003 **88.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel Uzbelger DANIEL UZBELGER 1/2/05 (215) 4525592  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #