
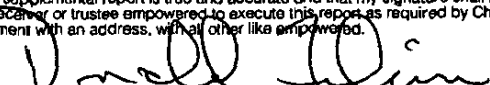


FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90017 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|---|---|---|
| DOCUMENT # P03000056511 | |  | |
| 1. Entity Name CLASSIC HEADLINES INCORPORATED | | | |
| Principal Place of Business 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405 US | | Mailing Address 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent FLAVIN, RONALD 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES POWELL, DANIEL T 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA FLAVIN, RONALD 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 empow... | | | |
| SIGNATURE:  | | Date: 5/5/04 (56) | Daytime Phone #: 833-3725 |

66420788

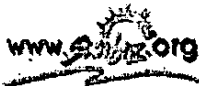


04182004 Chg-P CR2E034 (10/03)

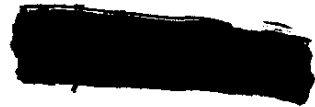
4. FEI Number **57-1178081** Applied For Not Applicable

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

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Division of Corporations



Receipt
Attachments

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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Tracking Number: 200033020542

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