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3/30/01

FILED
Jun 19, 2001 8:00 am
Secretary of State

03-30-2001 90347 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003976

1. Entity Name
XCITE, INC.

UA

Principal Place of Business
**C/O MARK R. DOLAN
112 E ST. SUITE B
TAMPA FL 33602**

Mailing Address
**C/O MARK R. DOLAN
112 E ST. SUITE B
TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
**8211 W. Broward Blvd
#410**

City & State
Plantation, FL

4. FD Number
59-3487312

Applied For
 Not Applicable

Zip Country
33324 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOLAN, MARK R
112 E STREET, SUITE B
TAMPA FL 33602**

Name
FRANK A. GUTTA, CPA
Street Address (P.O. Box Number is Not Acceptable)
8211 W BROWARD BLVD #410
City
PLANTATION FL Zip Code
33324

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.

SIGNATURE *[Signature]* DATE **5-9-01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, MARK R 112 EAST ST STE B TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Blanke 8211 W Broward Blvd #410 Plantation, FL 33324
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2004 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3-27-01**
Signature and typed or printed name of signing officer or director